2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# P98000021022

Entity Name: AIRWIRE.NET, INC.

Current Principal Place of Business:

904 E NEW HAVEN AVE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

PO BOX 620
MELBOURNE, FL 329010620

New Mailing Address:

FEI Number: 59-3496723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HEALY, PATRICK F ESQ
1499 S. HARBOR CITY BLVD
SUITE 201
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

HEALY, PATRICK F ESQ
1800 W. HIBISCUS BLVD
SUITE 138
MELBOURNE, FL 32901 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 01/06/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CHRM ( ) Delete
Name: TUREK, DONALD J
Address: 8505 SOUTH TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: CFO ( ) Delete
Name: KARP, WILLIAM
Address: 620 ANDERSON COURT
City-St-Zip: SATELLITE BEACH, FL 32937

Title: CTO ( ) Delete
Name: GAUME, TOM
Address: 1700 NANDIA COURT N.W.
City-St-Zip: PALM BAY, FL 32907

Title: CEO ( ) Delete
Name: EGUENE, CONNELL
Address: 38 SHERWOOD RD
City-St-Zip: TENAFLY, NJ 07670

Title: VP ( ) Delete
Name: JOHN, LAMERS
Address: 545 HALWOOD AVE
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM KARP CFO 01/06/2004
Electronic Signature of Signing Officer or Director — Date