
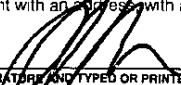


FILED  
May 03, 2004 8:00 am  
Secretary of State

05-03-2004 90400 001 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # F03000002407</b>					
<b>1. Entity Name</b> SUN WIRELESS ADVISORS, INC.					
<b>Principal Place of Business</b> 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486			<b>Mailing Address</b> 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0991431	
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				<b>7. Name and Address of New Registered Agent</b>	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	DVS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KROUSE, RODGER R		NAME		
STREET ADDRESS	5200 TOWN CENTER CIRCLE, SUITE 470		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
TITLE	DPT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEDER, MARC J		NAME		
STREET ADDRESS	5200 TOWN CENTER CIRCLE, SUITE 470		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALHOUN, KEVIN		NAME		
STREET ADDRESS	5200 TOWN CENTER CIRCLE, SUITE 470		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
TITLE	VAS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COUCH, C. DERYL		NAME		
STREET ADDRESS	5200 TOWN CENTER CIRCLE, SUITE 470		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.</b>					
<b>SIGNATURE:</b> 		KEVIN J CALHOUN		4/30/04 561-394-0530	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

Attachment # 702000002407

**LIST OF OFFICERS & DIRECTORS FOR  
SUN WIRELESS ADVISORS, INC.**

December 12, 2003

THE BUSINESS ADDRESS FOR THE FOLLOWING OFFICERS &  
DIRECTORS IS c/o Sun Capital Partners, Inc., 5200 Town Center Circle, Suite 470,  
Boca Raton, FL 33486:

DIRECTOR, VICE PRESIDENT  
AND SECRETARY: Rodger R. Krouse

DIRECTOR, PRESIDENT  
AND TREASURER: Marc J. Leder

VICE PRESIDENT: Kevin J. Calhoun

VICE PRESIDENT &  
ASSISTANT SECRETARY: C. Deryl Couch

THE BUSINESS ADDRESS FOR THE FOLLOWING OFFICER is 375 Park  
Avenue, Suite 1302, New York, NY 10152:

VICE PRESIDENT: Michael J. Kalb