
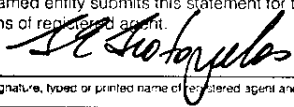
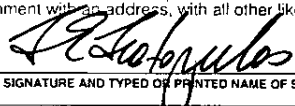


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90079 001 ***158.75

DOCUMENT # F03000003719 1. Entity Name AIRSCAN PACIFIC, INC.					
Principal Place of Business 3505 MURRELL ROAD ROCKLEDGE, FL 32955			Mailing Address 3505 MURRELL ROAD ROCKLEDGE, FL 32955		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 05-0543459	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MANSUR, JOHN W 4195 SPARROW HAWK ROAD MELBOURNE, FL 32934				7. Name and Address of New Registered Agent Name Thomas E. Fotopulos Street Address (P.O. Box Number is Not Acceptable) 3505 Murrell Road City Rockledge FL Zip Code 32955	
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. SIGNATURE  Thomas E. Fotopulos 3/24/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-statuting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MANSUR, JOHN W 4195 SPARROW HAWK ROAD MELBOURNE, FL 32934	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD John W. Mansur 3505 Murrell Road Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLLOWAY, WALTER F 3773 N. INDIAN RIVER DRIVE COCOA, FL 32926	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walter F. Holloway 3505 Murrell Road Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANSUR, VICTORIA 4195 SPARROW HAWK ROAD MELBOURNE, FL 32934	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Victoria Mansur 3505 Murrell Road Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FOTOPULOS, THOMAS E 3505 MURRELL ROAD ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Thomas E. Fotopulos 3505 Murrell Road Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SECRETARY NANCY L. GIBBONS 3505 MURRELL ROAD ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.					
SIGNATURE:  THOMAS E. FOTOPULOS 3/24/05 (321) 631-0005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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03112005 Chg-P CR2E034 (10/03)

\$8.75 Additional Fee Required