2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# F03000004579

Entity Name: SAIL NETWORKS INC.

Current Principal Place of Business:

9065 BARNWELL ROAD
ALPHARETTA, GA 30022

New Principal Place of Business:

Current Mailing Address:

9065 BARNWELL ROAD
ALPHARETTA, GA 30022

New Mailing Address:

FEI Number: 51-0401301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TCS CORPORATE SERVICES, INC.
103 N. MERIDIAN ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: KOWALEWSKI, CANDICE
Address: 9065 BARNWELL ROAD
City-St-Zip: ALPHARETTA, GA 30022

Title: PCOO ( ) Delete
Name: BETANCOURT, FRANCIS X
Address: 9065 BARNWELL ROAD
City-St-Zip: ALPHARETTA, GA 30022

Title: CCOO ( ) Delete
Name: KOWALEWSKI, THOMAS
Address: 9065 BARNWELL ROAD
City-St-Zip: ALPHARETTA, GA 30022

Title: D ( ) Delete
Name: MILFORD, RON
Address: 9065 BARNWELL ROAD
City-St-Zip: ALPHARETTA, GA 30022

Title: D ( ) Delete
Name: CHRISTIAN, TIMOTHY
Address: 9065 BARNWELL ROAD
City-St-Zip: ALPHARETTA, GA 30022

Title: D ( ) Delete
Name: ROBINSON, TAYLOR
Address: 9065 BARNWELL ROAD
City-St-Zip: ALPHARETTA, GA 30022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: CHMN (X) Change ( ) Addition
Name: KOWALEWSKI, THOMAS
Address: 9065 BARNWELL ROAD
City-St-Zip: ALPHARETTA, GA 30022

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: THOMAS KOWALEWSKI CHMN 01/08/2004

Electronic Signature of Signing Officer or Director Date