


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 12 AM 11:01

DOCUMENT # F03000004979 1. Entity Name CAYO HOLDINGS INC.			
Principal Place of Business 7 NEW ROAD P.O. BOX 2130 BELIZE CITY, BELIZE, XX		Mailing Address 7 NEW ROAD P.O. BOX 2130 BELIZE CITY, BELIZE, XX	
2. Principal Place of Business <i>2001 - Anna Mihaley</i> Suite, Apt. #, etc. <i>2999 South Tamiami Trail</i> City & State <i>Sarasota Florida</i> Zip Country <i>34239 USA</i>		3. Mailing Address <i>2001 - Anna Mihaley</i> Suite, Apt. #, etc. <i>2999 South Tamiami Trail</i> City & State <i>Sarasota Florida</i> Zip Country <i>34239 USA</i>	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Amended AR is \$61.25		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	PCD GLASS, ALAN 41 CRAIGNETHAN ROAD GIFFNOCK GLASGOW, UK, g466sj	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary Karen Acosta</i> 7 new Road Belize City, Belize
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLASS, STUART MARCHOYKE, 1 BURNSIDE ROAD GIFFNOCK, GLASGOW, g466yy	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900059740449 09/19/05--01046--008 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <i>[Signature]</i>		Date: <i>Sep. 6, 2005</i> (501) Daytime Phone #: <i>223-1756</i>	