


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90262 015 ***150.00

DOCUMENT # F04000002984					
1. Entity Name CAERUS NETWORKS, INC.					
Principal Place of Business 151 SOUTH WYMORE ROAD, SUITE 3000 ALTAMONTE SPRINGS, FL 32714			Mailing Address 151 SOUTH WYMORE ROAD, SUITE 3000 ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 30-0015504	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEWIS, SHAWN M 151 SOUTH WYMORE ROAD, SUITE 3000 ALTAMONTE SPRINGS, FL				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				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 _____					
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	PC LEWIS, SHAWN M 151 SOUTH WYMORE ROAD, SUITE 3000 ALTAMONTE SPRING, FL 32714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C/S Lewis, Shawn M. 151 South Wymore Road, Suite 3000 Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BYDLON, THAD 151 SOUTH WYMORE ROAD, SUITE 3000 ALTAMONTE SPRING, FL 32714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Bydlon, Thad 151 South Wymore Road, Suite 3000 Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: <u>Thad Bydlon</u>			Date: <u>4/27/05</u> Daytime Phone #: <u>409.389.3232</u>		

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