2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002856

Entity Name: POINT TO POINT COMMUNICATIONS OF LOUISIANA, INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
PO BOX 91878 LAFAYETTE, LA 70509				107 NOLAN ROAD BROUSSARD, LA 70518			
Current Mailing Address:				New Mailing Address:			
PO BOX 91878 LAFAYETTE, LA 70509				4440 PGA BLVD. SUITE 500 PALM BEACH GARDENS, FL 33410			
FEI Number: 72-0968130 FEI Number Applied For () FEI			FEI Nun	umber Not Applicable () Certificate of Status Desired ()			
Name and	Address of Cu	ırrent Registered Agent:		Name and	Address of N	lew Registered Agent:	
1200 SOUT	ORATION SYS TH PINE ISLAN ON, FL 33324						
The above in the State		ubmits this statement for the pur	rpose o	f changing it	s registered o	ffice or registered agent	, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Cam	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ()[PTAK, WILLIAM 107 NOLAN RD. BROUSSARD, LA			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	NIELSEN, STEVE 4440 PGA BLVD			Title: Name: Address: City-St-Zip:	NIELSEN, STEV 4440 PGA BLVI		
Title: Name: Address: City-St-Zip:	VP () ESTES, TIMOTH 4440 PGA BLVD CLEWISTON, FL	SUITE 500		Title: Name: Address: City-St-Zip:	VP (X) MARAIST, STE 107 NOLAND R BROUSSARD, I	OAD	
Title: Name: Address: City-St-Zip:]()	Delete		Title: Name: Address: City-St-Zip:	DUNN, RICHAR 4440 PGA BLVI		
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	MILLER, MICHA 4440 PGA BLVI		
Title: Name: Address: City-St-Zip:	1 ()	Delete		Title: Name: Address: City-St-Zip:	RUDERMAN, G 4440 PGA BLVI		

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: MICHAEL K. MILLER S 04/28/2005