2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G61673

Entity Name: ALTAIR COMMUNICATIONS, INC.

FILED Apr 16, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 3299 2485 S. MARION AVENUE 2485 S. MARION AVENUE LAKE CITY, FL 32025 LAKE CITY, FL 32025

Current Mailing Address: New Mailing Address:

P.O. BOX 3299 2485 S. MARION AVENUE 2485 S. MARION AVENUE LAKE CITY, FL 32025 LAKE CITY, FL 32056

FEI Number: 59-2344714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEWMAN, JOHN R.
PO BOX 3299
2485 S. MARION AVENUE
LAKE CITY, FL 32056 US

NEWMAN, JOHN R.
2485 S. MARION AVENUE
LAKE CITY, FL 32025 US

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: 04/16/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 NEWMAN, JOHN R,
 Name:
 NEWMAN, JOHN R,

 Address:
 PO BOX 3299 3507 MARION ST
 Address:
 2485 S. MARION AVENUE

 City-St-Zip:
 LAKE CITY, FL 32025
 LAKE CITY, FL 32025

 Name:
 NEWMAN, CESTA D,
 Name:
 NEWMAN, CESTA D,

 Address:
 PO BOX 3299 3507 MARION ST
 Address:
 2485 S. MARION AVENUE

 City-St-Zip:
 LAKE CITY, FL 32025
 LAKE CITY, FL 32025

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: JOHN NEWMAN P 04/16/2005