

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90714 016 ***150.00

DOCUMENT # K05943 1. Entity Name ALLCOMM NETWORKS, INC.			
Principal Place of Business 5035 SE FEDERAL HWY STUART, FL 34997 US		Mailing Address 5035 SE FEDERAL HWY STUART, FL 34997 US	
2. Principal Place of Business 13150 SE FLORA AVE.		3. Mailing Address 13150 SE FLORA AVE.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State HOBE SOUND, FL		City & State HOBE SOUND, FL	
Zip 33455		Zip 33455	
Country USA		Country USA	
4. FEI Number 59-2861185		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 KILINSKI, JOSEPH G. 1280 SW DYER POINT RD. PALM CITY, FL 34990		7. Name and Address of New Registered Agent Name JOSEPH G. KILINSKI Street Address (P.O. Box Number is Not Acceptable) 2413 SW LOVE CT. City PALM CITY FL Zip Code 34990	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		JOSEPH KILINSKI, PRES. <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	P KILINSKI, JOSEPH G. 1280 SW DYER POINT RD. PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2413 SW LOVE CT. PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KILINSKI, PAMELA D. 1280 SW DYER POINT RD. PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DUNCAN, PAMELA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KILINSKI, DAVID M. 6823 SW CINNAMON CT STUART, FL 34997 <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:		JOSEPH KILINSKI 4/29/04 772-346-5001 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	