

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K82543

FILED
Mar 20, 2006
Secretary of State**Entity Name:** STATEWIDE CABLING INC.**Current Principal Place of Business:**719 KIRKMAN RD.
ORLANDO, FL 32811**New Principal Place of Business:****Current Mailing Address:**P O BOX 617211
ORLANDO, FL 32811 US**New Mailing Address:****FEI Number:** 59-2946244**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**STORCH, KURT B.
719 KIRKMAN RD.
ORLANDO, FL 32811 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** DP () Delete
Name: STORCH, KURT B.
Address: 111 LONGHORN ROAD
City-St-Zip: WINTER PARK, FL 32792**Title:** DM () Delete
Name: CANAVAN, KEVIN
Address: 1181 S KIRKMAN RD #723
City-St-Zip: ORLANDO, FL 32811**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KURT B. STORCH

PRES

03/20/2006

Electronic Signature of Signing Officer or Director_____
Date