2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# L16452

Entity Name: HYPERNET USA INCORPORATED

Current Principal Place of Business:

9200 PARK BLVD
STE 404
LARGO, FL 337774136 US

New Principal Place of Business:

3872 LITTLE COUNTRY RD
PARRISH, FL 34219 US

Current Mailing Address:

9200 PARK BLVD
STE 404
LARGO, FL 337774136 US

New Mailing Address:

PO BOX 646
ELLENTON, FL 34222 US

FEI Number: 59-2971301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERMAN, CAROL A
9200 PARK BLVD
STE 404
LARGO, FL 337774136 US

Name and Address of New Registered Agent:

JOHNSON, COLLEEN M
PO BOX 646
ELLENTON, FL 34222 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: COLLEEN M. JOHNSON 04/19/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: BERMAN, CAROL A
Address: 9200 PARK BLVD, STE 404
City-St-Zip: LARGO, FL 337774136 US

Title: DP ( ) Delete
Name: BERMAN, LARRY W
Address: 9200 PARK BLVD, STE 404
City-St-Zip: LARGO, FL 337774136 US

Title: DVT (X) Delete
Name: JOHNSON, JOHN W
Address: 9200 PARK BLVD, STE 404
City-St-Zip: LARGO, FL 337774136 US

Title: DV (X) Delete
Name: JOHNSON, COLLEEN M
Address: 9200 PARK BLVD, STE 404
City-St-Zip: LARGO, FL 337774136 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: JOHNSON, JOHN W
Address: PO BOX 646
City-St-Zip: ELLENTON, FL 34222 US

Title: D (X) Change ( ) Addition
Name: JOHNSON, COLLEEN M
Address: PO BOX 646
City-St-Zip: ELLENTON, FL 34222 US

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 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: COLLEEN M. JOHNSON D 04/19/2004
Electronic Signature of Signing Officer or Director Date