


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90060 001 \*\*\*150.00

<b>DOCUMENT # P00000000657</b> 1. Entity Name SWISS COMPONENTS, INC.	
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Principal Place of Business 4270 DOW ROAD, UNIT 205 MELBOURNE, FL 32904	Mailing Address 4270 DOW ROAD, UNIT 205 MELBOURNE, FL 32904
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50009750



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3621487	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  TELEBRICO, ABNER 4270 DOW ROAD, UNIT 205 MELBOURNE, FL 32904
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**DO NOT WRITE  
IN THIS SPACE**

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: <u>Abner Telebrico</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE: <u>1/24/05</u>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MORRIS, BERNICE 4270 DOW ROAD, UNIT 205 MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TELEBRICO, ARNER 4270 DOW ROAD, UNIT 205 MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TELEBRICO, FLORECIL R 4270 DOW ROAD, UNIT 205 MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TELEBRICO, TERRI 4270 DOW ROAD, UNIT 205 MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: <u>Abner Telebrico</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>1/24/05</u> Daytime Phone #: <u>321-751-2313</u>
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