

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000030727

Entity Name: SWEEPFREQS, INC.

FILED
Sep 09, 2005
Secretary of State

Current Principal Place of Business:

10133 LYRIC LANE
SPRING HILL, FL 34608

New Principal Place of Business:

9471 SPING HILL DR.
SPRING HILL, FL 34608

Current Mailing Address:

10133 LYRIC LANE
SPRING HILL, FL 34608

New Mailing Address:

9471 SPRING HILL DR.
SPRING HILL, FL 34608

FEI Number: 59-3633728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAY, ANN M
10133 LYRIC LANE
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

MAY, ANN M
9471 SPRING HILL DR.
SPRING HILL, FL 34608 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:

09/09/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAY, DOUGLAS E
Address: 10133 LYRIC LANE
City-St-Zip: SPRING HILL, FL 34608

Title: ST () Delete
Name: MAY, ANN M
Address: 10133 LYRIC LANE
City-St-Zip: SPRING HILL, FL 34608

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCCLANAHAN, JOSEPH A
Address: 21156 BECK LN.
City-St-Zip: SPRING HILL, FL 34610

Title: VP (X) Change () Addition
Name: GONZALES, NEIL A
Address: 10133 LYRIC LANE
City-St-Zip: SPRING HILL, FL 34608

Title: ST () Change (X) Addition
Name: MAY, ANN M
Address: 9471 SPRING HILL DR.
City-St-Zip: SPTING HILL, FL 34608

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: ANN M. MAY

ST

09/09/2005

Electronic Signature of Signing Officer or Director

Date