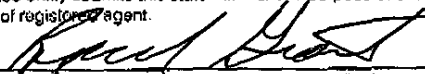
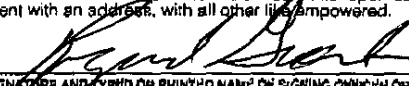


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90373 045 ***150.00

DOCUMENT # P00000100086					
1. Entity Name ALL-DATACOM.COM CORPORATION					
Principal Place of Business 412 LOWER 36TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250			Mailing Address P.O. BOX 50459 JACKSONVILLE BEACH, FL 32240-0459		
2. Principal Place of Business		3. Mailing Address P.O. Box 3635			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252004 Chg-P CR2E034 (10/03)	
City & State		City & State Ponte Vedra Beach, FL		FEI Number 59-3716547	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip		Country		32004 USA	
6. Name and Address of Current Registered Agent FLORIDA INCORPORATORS, INC. 1221 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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:  DATE: 4-28-04 Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when relocating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D GRANT, REGGIE 412 LOWER 36TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 information.					
SIGNATURE: 			4-28-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		