

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000103758

FILED
Aug 29, 2005
Secretary of State

Entity Name: SPEED OF LIGHT COMMUNICATIONS CO.

Current Principal Place of Business:

1860 WHISPERING OAKS LN
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1624
FORT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 59-3663354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: VSD () Delete
Name: HAYNES, ARNOLD R
Address: 1860 WHISPERING OAKS LANE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: PDT () Delete
Name: HAYNES, PAMELA P
Address: 1860 WHISPERING OAKS LANE
City-St-Zip: FORT WALTON BEACH, FL 32547

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: PAULK, DAVID L
Address: 1860 WHISPERING OAKS LANE
City-St-Zip: FORT WALTON BEACH, FL 32547

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: PAMELA HAYNES

P

08/29/2005

Electronic Signature of Signing Officer or Director

Date