2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 18, 2004 8:00 am D@CUMENT # P00000109414 **Secretary of State** 1. Entity Name 02-18-2004 90026 009 ***150.00 SKY TEK WIRELESS SOLUTIONS, INC. Principal Place of Business Mailing Address 5824 115TH AVE NORTH PINELLAS PARK FL 33782 5824 115TH AVE NORTH **ルエリよかける**ん PINELLAS PARK FL 33782 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3132240 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAWSON, GLEN J. LAWSON, GLEN J Street Address (P.O. Box Number is Not Acceptable) \$824 1154 AVE N 3799 56TH ST. NORTH ST. PETERSBURG FL 33710 SUITE B Zip Code 33782 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PRESI DEPT Addition ☐ Delete TITLE IIILE LAWSON, GLEN J NAME LAWSON, GLEN J. NAME 5824 1154 AVE N, SUITE B STREET ADDRESS 3799 56TH ST. N. STREET ADDRESS SAINT PETERSBURG FL 33710 PINELLAS PARK, FL 33782 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition VΡ ☐ Delete TITLE TITLE LAPERNA, ROGER 3MAN LAPEMA, ROGER NAME 775 JACQUELINE LANE STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34684 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete ALBRIGHT, IRVEN B. NAME NAME ALBRIGHT, IRVEN B 5824 1154 AVEN -STREET ADDRESS 5831 114TH TERR N. STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33782 PINELLAS PARK, FL 33782 Addition Change ☐ Delete TITLE LAPERNA, ROGER NAME 775 JACQUELINE LANE STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34684 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

2-13-04

127) 647- 0000

FILED