

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90009 027 \*\*\*158.75

<b>DOCUMENT # P01000039809</b>					
<b>1. Entity Name</b> NANOCOM, INC.					
<b>Principal Place of Business</b> 513 FAWN HILL PL. SANFORD, FL 32771			<b>Mailing Address</b> 513 FAWN HILL PL. SANFORD, FL 32771		
<b>2. Principal Place of Business</b> 5072 Hawks Hammock Way Suite, Apt. #, etc.		<b>3. Mailing Address</b> 5072 Hawks Hammock Way Suite, Apt. #, etc.			
<b>City &amp; State</b> Sanford, Florida		<b>City &amp; State</b> Sanford, Florida		<b>4. FEI Number</b> 59-3713183	
<b>Zip</b> 32771		<b>Country</b> US		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04042004 Chg-P CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>  GRALNICK, PAUL 513 FAWN HILL PL. SANFORD, FL 32771			<b>7. Name and Address of New Registered Agent</b> Name: <u>GRALNICK, PAUL</u> Street Address (P.O. Box Number is Not Acceptable): 5072 Hawks Hammock Way City: <u>Sanford</u> <b>FL</b> Zip Code: <u>32771</u>		
<b>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.</b>  SIGNATURE: <u>Paul Gralnick, Paul GRALNICK</u> (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">3 April 2004</span> <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GRALNICK, PAUL 513 FAWN HILL PL. SANFORD, FL 32771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GRALNICK, PAUL 5072 Hawks Hammock Way SANFORD, FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Paul Gralnick, Paul GRALNICK, President</u> <span style="float: right;">3 April 2004 321-303-2657</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					