2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 07, 2005 08:00 AM Secretary of State DOCUMENT # P01000050451 BEEPERS & PHONES OF BRANDON, INC. Mailing Address Principal Place of Business = 3350 EAST BAY DR 3350 EAST BAY DR US LARGO, FL 33771 LARGO, FL 33771 CR2E034 (10/03) 02022005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3722258 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent POWNALL, RON DO NOT WRITE 3350 EAST BAY DR LARGO, FL 33771 IN THIS SPACE 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, typed or printed name of registered agent and tills if applicable. (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE POWNALL, RON NAME STREET ADDRESS 3350 EAST BAY DR U00000754592 V3/V7/V5-80079-025 150.00 CITY-ST-ZIP LARGO, FL 33771 D TITLE SMITH, GARY NAME STREET ADDRESS 3350 EAST BAY DR CITY-ST-ZP LARGO, FL 33771 TITLE NAME WRZESNIEWSKI, ADAM STREET ADDRESS 3350 EAST BAY DR DO NOT WRITE CITY -ST-ZIP LARGO, FL 33771 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY -ST-ZIP TITLE HAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR