2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058119

Entity Name: RADIOSRQ.COM, INC

FILED Feb 10, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

73 S. PALM AVE 238 S. LINKS AVE. SUITE 221 SARASOTA, FL 34236 SARASOTA, FL 34236

Current Mailing Address: New Mailing Address:

73 S. PALM AVE 238 S LINKS AVE SUITE 221 SARASOTA, FL 34236 SARASOTA, FL 34236

FEI Number: 65-1113307 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCKEON, MADELINE G
73 S. PALM AVE`
SUITE 221
SARASOTA, FL 34236 US

MCKEON, MADELINE G
238 S LINKS AVE
SARASOTA, FL 34236 US

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: 02/10/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: ROACH, JAMES L Name: ROACH, JAMES L Address: 73 S. PALM AVE. SUITE 221 Address: 238 S LINKS AVE

 Address:
 73 S. PALM AVE. SUITE 221
 Address:
 238 S LINKS AVE

 City-St-Zip:
 SARASOTA, FL 34236
 City-St-Zip:
 SARASOTA, FL 34236

Title: VTD () Delete Title: VTD (X) Change () Addition Name: MCKEON, MADELINE G Name: MCKEON, MADELINE G

Name:MCKEON, MADELINE GName:MCKEON, MADELINE GAddress:73 S. PALM AVE SUITE 221Address:238 S LINKS AVECity-St-Zip:SARASOTA, FL 34236City-St-Zip:SARASOTA, FL 34236

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 ERICSSON, ANN M
 Name:
 ERICSSON, ANN M

 Address:
 73 S. PALM AVE SUITE 221
 Address:
 238 S LINKS AVE

 City-St-Zip:
 SARASOTA, FL 34236
 City-St-Zip:
 SARASOTA, FL 34236

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: MADELINE MCKEON VTD 02/10/2005