2004 FOR PROFIT CORPORATION

FILED Apr 29, 2004 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P01000086742 1. Entity Name MIDASCOMM INC. Principal Place of Business Mailing Address 3522 SADDLEBACK LANE 3522 SADDLEBACK LANE LUTZ, FL 33548 LUTZ, FL 33548 04232004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1135654 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STANTON, DIANA DO NOT WRITE 3522 SADDLEBACK LN. LUTZ, FL 33548 IN THIS SPACE 3. 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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DILE STANTON, DIANA NAME STREET ADDRESS 3522 SADDLEBACK LANE CITY ST-ZIP LUTZ, FL 33548 ШÜ U00000138878 NAME STANTON, DIANA u4/29/04-80097-024 150.00 STREET ADDRESS 3522 SADDLEBACK LANE CITY - ST - ZIP LUTZ, FL 33548 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IПLE IN THIS SPACE NAME STREET ADDRESS CITY ST-ZIP IIILE NAME

12. Thereby 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.

SIGNATURE:

STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS