ANNUAL REPORT

DOCUMENT # P01000111650

1. Entity Name

JETWAY ADVERTISING, INC.



FILED Apr 30, 2004 08:00 AM Secretary of State

Principal Place of Business

24761 US HWY 19 N STE 630 CLEARWATER, FL 33763 Mailing Address

24761 US HWY 19 N STE 630 CLEARWATER, FL 33763



03302004

No Chg-P

CR2E034 (10/03)

4. FEI Number 03-0393679

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SCOURTAS, LOUIS C 24761 US HWY 19 N STE 630 CLEARWATER, FL 33763

SIGNATURE:

DO NOT WRITE IN THIS SPACE

4-28-04

| 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 | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | Election Campaign Financi Trust Fund Contribution. | ing | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | TORS | | · | |
| TITLE Hanne Street adoress City-St-Zip | D ELLIOT, ROGER J 24761 US HWY 19 N STE 630 CLEARWATER, FL 33763 | | | | |
| TITLE NAME SIRELY ADDRESS CITY - ST - ZIP | D DUFAY, PETER 2009 GRAFTON ST HENDERSON, NV 89074 | | | | # 10 00 4 30 0 # 10 04 00 10 10 10 10 10 10 10 10 10 10 10 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP | | | | | |
| NAME STREET ADDRESS 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 turther 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 it made under cath; 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 all other like empowered. | | | | | |

readent

-- MIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR