

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90025 010 ***150.00

DOCUMENT # P03000091433 1. Entity Name PYROWIRE TECHNOLOGIES INC.			
Principal Place of Business 1645 DUNLAWTON AVE., STE. 3414 PORT ORANGE, FL 32127		Mailing Address 1645 DUNLAWTON AVE., STE. 3414 PORT ORANGE, FL 32127	
2. Principal Place of Business 5 Lewis Place Suite, Apt. #, etc.		3. Mailing Address 5 Lewis Place Suite, Apt. #, etc.	
City & State Palm Coast, FL Zip 32137 Country		City & State Palm Coast, FL Zip 32137 Country	
4. FEI Number 20-0186122		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, MARK S 1645 DUNLAWTON AVE., STE. 3414 PORT ORANGE, FL 32127		7. Name and Address of New Registered Agent Name Miller, Mark S. Street Address (P.O. Box Number is Not Acceptable) 5 Lewis Place City Palm Coast FL Zip Code 32137	
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: <u><i>Mark S. Miller</i></u> DATE: <u>02/19/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, MARK S 1645 DUNLAWTON AVE., STE. 3414 PORT ORANGE, FL 32127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Miller, Mark S. 5 Lewis Place Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STRAUGHN, ANDREA 1645 DUNLAWTON AVE., STE. 3414 PORT ORANGE, FL 32127	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
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.			
SIGNATURE: <u><i>Andrea Strawn</i></u> <u><i>Andrea Strawn</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/19/04</u> Daytime Phone # <u>386-756-1893</u>	