2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000077047

Entity Name: SKYWAY TELECOM, INC.

FILED Jun 28, 2005 Secretary of State

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

9001 65TH WAY NORTH 1800 2ND STREET PINELLAS PARK, FL 33782 SUITE 708

SARASOTA, FL 34236

Current Mailing Address: New Mailing Address:

9001 65TH WAY NORTH 1800 2ND STREET PINELLAS PARK, FL 33782 SUITE 708

SARASOTA, FL 34236

FEI Number: 59-3751984 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:

PERKINS, PAUL D RAY, ROBERT 9001 65TH WAY NORTH 1800 2ND STREET

PINELLAS PARK, FL 33782 US SUITE 708 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: ROBERT RAY 06/28/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: RAY, ROBERT Name: RAY, ROBERT

 Address:
 9001 65TH WAY NORTH
 Address:
 1800 2ND STREET SUITE 708

 City-St-Zip:
 PINELLAS PARK, FL 33782
 City-St-Zip:
 SARASOTA, FL 34236

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

 Name:
 PERKINS, PAUL D
 Name:

 Address:
 9001 65TH WAY NORTH
 Address:

 City-St-Zip:
 PINELLAS PARK, FL 33782
 City-St-Zip:

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: ROBERT RAY DPT 06/28/2005