2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P04000134540 1. Entity Name SPEEDNET VENTURES USA, INC. Principal Place of Business 31 SOUTHEAST 12TH STREET POMPANO BEACH, FL 33060 Mailing Address 31 SOUTHEAST 12TH STREET POMPANO BEACH, FL 33060

FILED Apr 16, 2007 08:00 Al Secretary of State

CR2E034 (11/05) 04122007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2040403 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALSH, DAVID DO NOT WRITE 31 SE 12TH STREET POMPANO BEACH, FL 33060 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 UUDÜÜÜ 707685 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 04/24/07-80092-017 150.00 10. OFFICERS AND DIRECTORS **DPST** TITLE NAME SANTIAGO, EDUARDO L STREET ADDRESS 31 SOUTHEAST 12TH STREET CITY-ST-ZIP POMPANO BEACH, FL 33060 TITLE NAME WALSH, DAVID STREET ADDRESS 31 SE 12TH STREET POMPANO BEACH, FL 33060 CITY - ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with his filing does not qualify for the exemptions contained in Chapter 119, 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 CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/207

554-646-80,8

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