2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2005 8:00 am Secretary of State

SUR COAST COMMUNICATION SERVICES, INC. Principal Place of Business Mailing Address B167-1 800KS DRV		711110						war,y O	1 00	uv	
2. Principal Place of Business	1. Entity Name							_			
2. Principal Place of Business	Principal Place of Business Mailing Address				•						
Suite, Apt. #, etc. Suite, Apt. #, etc. D6022005 Chg.P CR2E034 (10/03)	8160-1 BROOKS DRIVE		8160-1 BROOKS DR		US						
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The Aboven named entiry submits this statement for the purpose of changing its registered agent, or both, in the State of Park Jay Addition	Suite, Apt. #, etc.		Suite, Apt. #, etc.			0502200	6 Chg-P	CR2E03	4 (10/03)		
S. Certificate of Saturus Desired Perspective S. Certificate of Saturus Desired Perspective	City & State		City & State							<u> </u>	
CHEATHAM, JAMES C 8160-1 BROOKS DR JACKSONVILLE, FL 32244	Zip			Coun	itry	5. Certifica	te of Status Desire				
CHEATHAM, JAMES C 8160-1 BROOKS DR Not	6. Name and Address of Current Registered Agent										
Street Address (P.O. Box Number is Not Accoptable) City FL Zip Code	011547114				Name						
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am-riller with, and sociept the obligations of registered agent. Signature	8160-1 BROOKS DR			Street Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Supreme have or protein name of registered agent and tile if applicable. (NOTE Registered Agent alphabute required when nameable) Date											
SIGNATURE TILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.				l '	PL Trans						
SIGNATURE Signature, typed or privated represented agenet and site of appoilables. (NOTE flogscarend Agenet algoritative required where refunetative) DATE	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.									and accept	
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		certify that the information supplied wil	th this filing does not qualify fo			in Section 119.07(3)(i), Florida Statute	s. I further certif	fy that the in	nformation	

12. The Boy Centry that the information supplies with this limit does not quality for the exemptions stated in Section 119.07(3)(f), Florida Statutes. Truther certay that the information indicated on this report or supplemental report is the 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: SIGNATURE AND TYPED OR PRINTED HAMBO OF SIGNING OFFICER OR DIRECTOR

1/30/05 904-591-148