2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005
Secretary of State

DOCUMENT# P93000034085

Entity Name: PEAK COMMUNICATIONS, INC.

Current Principal Place of Business:

6518 N ST RD 7
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

5453 NW 24TH STREET
STE. 1
MARGATE, FL 33063 US

Current Mailing Address:

6518 N ST RD 7
COCONUT CREEK, FL 33073 US

New Mailing Address:

5453 NW 24TH STREET
STE. 1
MARGATE, FL 33063 US

FEI Number: 65-0410953 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIONE, JOSEPH
5514 LAKE TERR PL
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

MIONE, JOSEPH P
5514 LAKE TERN PLACE
COCONUT CREEK, FL 33073 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: JOSEPH MIONE 02/02/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MIONE, JOSEPH
Address: 6518 N ST RD 7
City-St-Zip: COCONUT CREEK, FL 33073

Title: T ( ) Delete
Name: MIONE, JOSEPH
Address: 6518 N ST RD 7
City-St-Zip: COCONUT CREEK, FL 33073

Title: VP ( ) Delete
Name: MIONE, CAROLYN
Address: 6518 N ST RD 7
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MIONE, JOSEPH
Address: 5514 LAKE TERN PLACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: T (X) Change ( ) Addition
Name: MIONE, JOSEPH
Address: 5514 LAKE TERN PLACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: VP (X) Change ( ) Addition
Name: MIONE, CAROLYN J
Address: 5514 LAKE TERN PLACE
City-St-Zip: COCONUT CREEK, FL 33073

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: JOSEPH MIONE P 02/02/2005
Electronic Signature of Signing Officer or Director Date