


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90092 037 ***150.00

DOCUMENT # P93000037675	
1. Entity Name SUNCOAST PAGING & WIRELESS, INC.	

Principal Place of Business 2264 WHISPER WALK DR SPRING HILL, FL 34606 US	Mailing Address 2264 WHISPER WALK DR SPRING HILL, FL 34606 US
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50021964

2. Principal Place of Business 7411 Southhampton Rd Suite, Apt. #, etc.	3. Mailing Address 7411 Southhampton Rd Suite, Apt. #, etc.
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City & State Spring Hill, FL Zip 34606 Country USA	City & State Spring Hill, FL Zip 34606 Country USA
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02282005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent WEISSMAN, DEBRA 2264 WHISPER WALK DR SPRING HILL, FL 34606	7. Name and Address of New Registered Agent Name Weissman, Debra Street Address (P.O. Box Number is Not Acceptable) 7411 Southhampton Rd City Spring Hill FL Zip Code 34606
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WEISSMAN, DEBRA 2264 WHISPER WALK DR SPRING HILL, FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	weissman, Debra <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7411 Southhampton Rd Spring Hill, FL 34606
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
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: Debra K. Weissman **2/28/05** **352-666-7243**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #