


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90030 007 ***158.75

DOCUMENT # P95000051757	
1. Entity Name SWITCH ENTERPRISES, INC.	

Principal Place of Business 7154 N UNIVERSITY DR. STE 89 TAMARAC FL 33321	Mailing Address 7154 N UNIVERSITY DR. STE 89 TAMARAC FL 33321
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2. Principal Place of Business 691 NE 132ND TERRACE	3. Mailing Address 691 NE 132ND TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Williston Florida	City & State Williston, Florida
Zip 32696	Country Levy
Zip 32696	Country Levy



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent LEWIS, JOHN L 9103 NW 67TH CT. TAMARAC FL 33321	
7. Name and Address of New Registered Agent Name John L Lewis Street Address (P.O. Box Number is Not Acceptable) 691 NE 132 TERRACE City Williston FL Zip Code 32696	

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 John L Lewis <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE Mar 17, 2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHNEIDER, MARK V 9103 NW 67TH COURT TAMARAC FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEWIS, JOHN L 9103 NW 67TH COURT TAMARAC FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEWIS, SHAWN 9103 NW 67TH COURT TAMARAC FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARK SCHNEIDER 691 NE 132ND TERRACE Williston FLA 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John L Lewis 691 N.E. 132ND TERRACE Williston FLA 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: John L Lewis <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 3-17-05	Daytime Phone # 352 528-2375
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