## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000021022

Entity Name: AIRWIRE.NET, INC.

Address: City-St-Zip:

SATELLITE BEACH, FL 32937

FILED Apr 26, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 904 E NEW HAVEN AVE MELBOURNE, FL 32901 **Current Mailing Address: New Mailing Address:** PO BOX 620 MELBOURNE, FL 329010620 FEI Number: 59-3496723 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HEALY, PATRICK F ESQ 1800 W. HIBISCUS BLVD SUITE 138 MELBOURNE, FL 32901 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CHRM ( ) Delete Title: () Change () Addition TUREK, DONALD J Name: Name: 8505 SOUTH TROPICAL TRAIL Address: Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: CFO Title: Title: ( ) Delete () Change () Addition Name: KARP, WILLIAM Name: 620 ANDERSON COURT Address: Address: SATELLITE BEACH, FL 32937 City-St-Zip: City-St-Zip: Title: Title: CTO ( ) Delete () Change () Addition GAUME, TOM Name: Name: 1700 NANDIA COURT N.W. Address: Address: City-St-Zip: PALM BAY, FL 32907 City-St-Zip: Title: CEO ( ) Delete Title: (X) Change ( ) Addition EGUENE, CONNELL KARP, WILLIAM Name: Name: Address: 38 SHERWOOD RD Address: 620 ANDERSON COURT City-St-Zip: TENAFLY, NJ 07670 City-St-Zip: SATELLITE BEACH, FL 32937 Title: Title: () Delete () Change () Addition JOHN, LAMERS Name: Name: 545 HALWOOD AVE Address:

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.

City-St-Zip:

SIGNATURE: WILLIAM KARP P 04/26/2005