2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000034418

Name:

Address:

City-St-Zip:

Entity Name: BUSACOM CORPORATION

FILED Mar 10, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3500 ALOMA AVE SUITE C38 5703 RED BUG LAKE RD #370 WINTER PARK, FL 32792 WINTER SPRINGS, FL 32708 **Current Mailing Address: New Mailing Address:** 3500 ALOMA AVE SUITE C38 5703 RED BUG LAKE RD #370 WINTER PARK, FL 32792 WINTER SPRINGS, FL 32708 FEI Number: 59-3509346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KATZ, LAWRENCE H 341 N MAITLAND AVE, SUITE 120 MAITLAND, FL 32751 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: (X) Change () Addition () Delete Title: BUSA, ANTHONY BUSA, ANTHONY Name: Name: 3500 ALOMA AVE SUITE C38 5703 RED BUG LAKE RD #110 Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: OVIEDO, FL 32765 Title: Title: () Delete (X) Change () Addition Name: LEWIS R Name: LEWIS, S A 130 W 85TH ST 30 W 85TH STREET #BF Address: Address: NEW YORK, NY 10024 NEW YORK, NY 10024 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition

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.

Name:

Address:

City-St-Zip:

BUSA, A

570 GALER STREET #102

SEATTLE, WA 98109

SIGNATURE: ANTHONY BUSA P 03/10/2005