
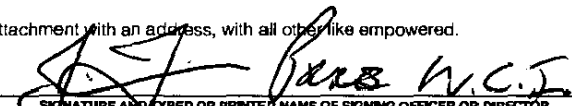


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90288 002 ***150.00

DOCUMENT # P98000036186 1. Entity Name WHOLESALE COMMUNICATIONS, INC.					
Principal Place of Business 994 N BARFIELD DR 19 MARCO ISLAND, FL 34145			Mailing Address P.O. BOX 1453 MARCO ISLAND, FL 34146		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1441 Suite, Apt. #, etc.			
City & State Marco Island, FL		4. FEI Number 59-3569007		Applied For <input type="checkbox"/> Not Applicable	
Zip 34146		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TIMMERMAN, JAMES 194 N BARFIELD DR #19 MARCO ISLAND, FL 34145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 994 N. Barfield Dr, #19 City FL Zip Code		
8. the obligations of registered agent. _____ n the State of Florida. I am familiar with, and accept					
SIGNATURE _____ (instating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMMERMAN, JAMES E 831 PERRINE COURT MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. changed, or on an attachment with an address, with all other like empowered.					
i), Florida Statutes. I further certify that the information if made under oath; that I am an officer or director d that my name appears in Block 10 or Block 11 if.					
SIGNATURE:  James E. Timmerman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 05 APR 2004 Daytime Phone # 239 394 7777					