2005 FOR PROFIT CORPORATION

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	ANNUAL REPORT		A STATE OF THE STA	Feb 26, 2005 08:00 A
1. Entity Nam				Secretary of State
BREVOO	ORT COMMUNICATIONS CORPORATION			
Principal Plac	ce of Business Mailing Address			
7930 NW 36	TH STP.O. BOX 521604			
22-238	MIAMI, FL 33152	US	1	
MIAMI, FL 3	3166 US			
			02232	
C	OO NOT WRITE IN THIS S	PACE	4. FEI	Number Applied For
			———	-0312535 Not Applicable
	6. Name and Address of Current Registered Agent		· · · · · · · · · · · · · · · · · · ·	
HANNAH, 7930 NW: 22-238		===		O NOT WRITE
MIAMI, FL	. 33166		11	N THIS SPACE
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_ Signature, typed or printed name of registered agent and title if explicable (NOTE, Begistered Agent signature, regulated, whom-terestating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIRECTORS	1 A A A A A A A A A A A A A A A A A A A		
TITLE	PVST			1
NAME	HANNAH, DAVID	1		U00000246949
STREET ADDRESS	7930 NW 36TH ST #22-238	1		<u>02/28/05-80001-003 150.00 </u>
CITY-ST-ZIP	MIAMI, FL 33166			
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12. I hereby certify that the information supplied with this filling 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: DAVID N. HAUNAIT 2/23/05 905-5799-7/19 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Dayline Phone #				
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