


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V59826</b> 1. Entity Name BEEPER EXCHANGE, INC.	
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Principal Place of Business 924 NORTH FEDERAL HIGHWAY HOLLYWOOD, FL 33020	Mailing Address 924 NORTH FEDERAL HIGHWAY HOLLYWOOD, FL 33020
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**DO NOT WRITE IN THIS SPACE**



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0356147	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MICHAELSON, JANET 3414 WATER OAKS DRIVE HOLLYWOOD, FL 33021
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**DO NOT WRITE  
IN 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000113426 04/15/04-800009-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHAELSON, JANET 3414 WEST OAKS DRIVE HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAELSON, ERNEST 3414 WEST OAKS DRIVE HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICHAELSON, ROBERT 924 N FEDERAL HIGHWAY HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE:</b> <i>Janet Michaelson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>4-12-04</i> <small>Date</small>	 <small>Daytime Phone #</small>
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