

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V70441

Entity Name: STRATONET, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

2359 US 27 SOUTH
SEBRING, FL 33870 US

New Principal Place of Business:

2341 US 27 SOUTH
SEBRING, FL 33870 US

Current Mailing Address:

P O BOX 1881
SEBRING, FL 338711881 US

New Mailing Address:

FEI Number: 59-3153485 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DELANEY, DELTON E.
2359 US 27 S
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

DELANEY, DELTON E.
2341 US 27 S
SEBRING, FL 33870 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:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DELANEY, DELTON E.,
Address: 2359 US 27 S
City-St-Zip: SEBRING, FL 33870

Title: STD () Delete
Name: WOLFE, ARTHUR
Address: 2359 US 27 S
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: DELANEY, KRIS
Address: 2359 US 27 S
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DELANEY, DELTON E.,
Address: 2341 US 27 S
City-St-Zip: SEBRING, FL 33870

Title: STD (X) Change () Addition
Name: WOLFE, ARTHUR
Address: 2341 US 27 S
City-St-Zip: SEBRING, FL 33870

Title: D (X) Change () Addition
Name: DELANEY, KRIS
Address: 2341 US 27 S
City-St-Zip: SEBRING, FL 33870

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.

SIGNATURE: ARTHUR WOLFE

STD

04/29/2005

Electronic Signature of Signing Officer or Director

Date