


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # F96000003762

1. Entity Name
PULSE COMMUNICATIONS, INC.



Principal Place of Business 1600 BOSTON-PROVIDENCE HIGHWAY SUITE 101 WALPOLE, MA 02081	Mailing Address 1600 BOSTON-PROVIDENCE HIGHWAY SUITE 101 WALPOLE, MA 02081
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01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3311126	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PICARDI, BRIAN
2121 PONCE DE LEON BLVD - SUITE 525
MIAMI, FL 33134

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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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BANSCHBACH, MICHAEL 31948 GLOXINIA WAY LAKE ELSINORE, CA 92532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC COSTANTINO, SALVATORE 1213 ROBIN HOOD CIRCLE BALTIMORE, MD 21701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TESSITORE, FRANK W 222 HIGHLAND AVE ARLINGTON, MA 02174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/03/07-80047-020 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Salvatore Costantino 1-29-07 410-583-1701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #