


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90031 009 ***158.87

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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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01232008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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)

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>YDK</i> COSTANTINO, SALVATORE	
STREET ADDRESS	17906 BUNKER HILL ROAD	
CITY-ST-ZIP	PARKTON, MD 21120	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ **2/8/08 410-583-1701**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #