

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000000271

Entity Name: P & P COMMUNICATIONS, INC.

FILED
Mar 24, 2006
Secretary of State

Current Principal Place of Business:

1550 MELVIN STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 15827
TALLAHASSEE, FL 323175827

New Mailing Address:

FEI Number: 59-3618998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LETTMAN, SHARON J
P.O. BOX 15827
TALLAHASSEE, FL 323175827 US

Name and Address of New Registered Agent:

GRAYSON, JOHN
118 SALEM COURT
SUITE B
TALLAHASSEE, FL 32301 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: JOHN GRAYSON

03/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LETTMAN, SHARON J
Address: P.O. BOX 15827
City-St-Zip: TALLAHASSEE, FL 323175827 US

Title: V/T (X) Delete
Name: LETTMAN, BARBARA M
Address: P.O. BOX 15827
City-St-Zip: TALLAHASSEE, FL 323175827 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SHARON J LETTMAN

P

03/24/2006

Electronic Signature of Signing Officer or Director

Date