

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000093812

Entity Name: COMMX, INC.

FILED
Apr 13, 2005
Secretary of State

Current Principal Place of Business:

3550 BUSCHWOOD PARK DR SUITE 320
TAMPA, FL 336184450

New Principal Place of Business:

Current Mailing Address:

3550 BUSCHWOOD PARK DR SUITE 320
TAMPA, FL 336184450

New Mailing Address:

FEI Number: 20-1298266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKS, S. ALLISON ESQ
3550 BUSCHWOOD PARK DR SUITE 320
TAMPA, FL 336184450 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: VIREN, MICHAEL A PHD
Address: 3550 BUSCHWOOD PARK DR SUITE 320
City-St-Zip: TAMPA, FL 336184450

Title: P () Delete
Name: WILLIAMS, OSCAR J
Address: 3550 BUSCHWOOD PARK DR SUITE 320
City-St-Zip: TAMPA, FL 336184450

Title: T () Delete
Name: MONTAGUE, DANIEL
Address: 3550 BUSCHWOOD PARK DR SUITE 320
City-St-Zip: TAMPA, FL 336184450

Title: S () Delete
Name: WILKINSON, BRUCE W ESQ
Address: 3550 BUSCHWOOD PARK DR SUITE 320
City-St-Zip: TAMPA, FL 336184450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: DANIEL MONTAGUE

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04/13/2005

Electronic Signature of Signing Officer or Director

Date