

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G58276

FILED
Jan 10, 2006
Secretary of State

Entity Name: CPS COMMUNICATIONS, INC.

Current Principal Place of Business:

% SUZANNE BESSE
7200 WEST CAMINO REAL, SUITE 215
BOCA RATON, FL 33433 US

New Principal Place of Business:

Current Mailing Address:

114 WEST 26TH ST
3RD FLOOR
NEW YORK, NY 10001 US

New Mailing Address:

FEI Number: 59-2321447 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BESSE, SUZANNE
7200 WEST CAMINO REAL
SUITE 215
BOCA RATON, FL 33433 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: STD () Delete
Name: KRIAK, MICHAEL
Address: 114 WEST 26TH ST, 3RD FL
City-St-Zip: NEW YORK, NY 10001

Title: D () Delete
Name: KIRK, LISA
Address: 114 WEST 26TH ST, 3RD FL
City-St-Zip: NEW YORK, NY 10001

Title: D () Delete
Name: PECOVER, WILLIAM
Address: 114 WEST 26TH ST 3RD FL
City-St-Zip: NEW YORK, NY 10001

Title: D () Delete
Name: FREEMAN, BRIAN
Address: 38-42 HAMPTON ROAD
City-St-Zip: TEDDINGTON, MIDDLESEX, U.K.

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 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: MICHAEL KRIAK

MR

01/10/2006

Electronic Signature of Signing Officer or Director

_____ Date