


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90094 022 ***158.75

DOCUMENT # 416768		
1. Entity Name CAPE KENNEDY COMMUNICATIONS INC		

Principal Place of Business 3505 MURRELL RD ROCKLEDGE, FL 32955	Mailing Address 3505 MURRELL RD ROCKLEDGE, FL 32955
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2. Principal Place of Business 7017 Challenger Avenue	3. Mailing Address 7017 Challenger Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Titusville, Florida	City & State Titusville, Florida
Zip 32780	Country U.S.A.

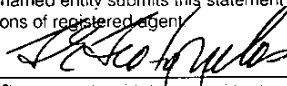


04062006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1439815	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 FOTOPULOS, THOMAS E 3505 MURRELL RD ROCKLEDGE, FL 32955	7. Name and Address of New Registered Agent Name Thomas E. Fotopulos Street Address (P.O. Box Number is Not Acceptable) 7017 Challenger Avenue City Titusville FL Zip Code 32780
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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.

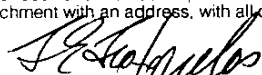
SIGNATURE  THOMAS E. FOTOPULOS DATE 4/10/06

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLOWAY, WALTER F 3505 MURRELL RD ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walter F. Holloway 7017 Challenger Avenue Titusville, FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOTOPULOS, THOMAS E 3505 MURRELL RD ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Thomas E. Fotopulos 7017 Challenger Avenue Titusville, FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANSUR, JOHN W 3505 MURRELL RD ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD John W. Mansur 7017 Challenger Avenue Titusville, FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANSUR, VICTORIA 3505 MURRELL RD ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Victoria R. Mansur 7017 Challenger Avenue Titusville, FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GIBBONS, NANCY L 3505 MURRELL RD ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Nancy L. Gibbons 7017 Challenger Avenue Titusville, FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chryseia M. Brennan 7017 Challenger Avenue Titusville, FL 32780 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:  THOMAS E. FOTOPULOS, PRESIDENT 4/10/06 (321) 288-9922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #