2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# 734602

Entity Name: COMMUNICATION SERVICES INTERNATIONAL, INC.

Current Principal Place of Business:

2109 HAMMOCK PINE BLVD
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

C/O JEFF WIEBE
2109 HAMMOCK PINE BLVD
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 59-1619061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOULDS, LARRY D
12033 92ND WAY
LARGO, FL 33540 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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WIEBE, JEFFREY J.,	
Address:	2109 HAMMOCK PINE BLVD	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	D	( ) Delete
Name:	WIEBE, JORLEAN	
Address:	2109 HAMMOCK PINE BLVD	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	D	( ) Delete
Name:	MOULDS, LARRY,	
Address:	12033 92ND WAY	
City-St-Zip:	LARGO, FL 33773	
Title:	D	( ) Delete
Name:	WIEBE, THOMAS J	
Address:	9612 WEST PARK VILLAGE DRIVE	
City-St-Zip:	TAMPA, FL 33626	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF WIEBE PD 04/19/2006

Electronic Signature of Signing Officer or Director — Date