## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 15, 2007 8:00 am Secretary of State 05-15-2007 90006 050 \*\*\*150.00 DOCUMENT # F01000006375 1. Entity Name CORDIA COMMUNICATIONS CORP. 40113731 Principal Place of Business Mailing Address 13275 W. COLONIAL DRIVE 445 HAMILTON AVE WINTER GARDEN, FL 34787 SUITE 408 WHITE PLAINS, NY 10601 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3100 Cumberland Boulevard 445 Hamilton Avenue Suite, Apt. #, etc. Suite 408 Suite, Apt. #, etc. 04162007 Chg-P CR2E034 (12/06) Suite 900 City & State White Plains NY City & State Atlanta GA 4. FEI Number Applied For 01-0551591 Not Applicable Country 10601 \$8.75 Additional 30339 5. Certificate of Status Desired USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSD TITLE S/D/COO ☐ Delete TITLE Chance ☐ Addition MINELLA, WESLY NAME NAME Wesly Minella STREET ADDRESS 11 ORCHARD STREET STREET ADDRESS 445 Hamilton Avenue, Suite 408 CITY-ST-ZIP HARRISON, NY 10528 CITY - ST - ZIP White Plains, NY 10601 P/D/CEO TITLE Delete TITLE **✓** Addition Change FREEMAN, PATRICK NAME **Kevin Griffo** NAME STREET ADDRESS 13275 W. COLONIAL DRIVE 445 Hamilton Avenue, Suite 408 STREET ADDRESS WINTER GARDEN, FL 34787 CITY-ST-ZIP CITY-ST-ZIP White Plains, NY 10601 TITLE ☐ Delete TITLE Addition GUERRERA, LORIE M NAME Lorie M. Guerrera NAME STREET ADDRESS 129 CHRISTIAN HILL RD 445 Hamilton Avenue, Suite 408 STREET ADDRESS CITY-ST-ZIP MILFORD, PA 18337 CITY-ST-ZIP White Plains, NY 10601 TITLE Delete D TITLE Change Addition SCAGNELLI, JOHN NAME NAME Joel Dupre STREET ADDRESS 445 HAMILTON AVE STREET ADORESS 445 Hamilton Avenue, Suite 408 CITY-ST-ZIP WHITE PLAINS, NY 10601 CITY-ST-ZIP White Plains, NY 10601 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED