2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# F04000007012

Entity Name: COMMUNITAS, INC.

Current Principal Place of Business:

8500 FREEPORT PKWY SOUTH STE 400
IRVING, TX 75063

New Principal Place of Business:

Current Mailing Address:

8500 FREEPORT PKWY SOUTH STE 400
IRVING, TX 75063

New Mailing Address:

FEI Number: 75-2493178 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33334 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:	V	( ) Delete
Name:	PASCULLO, JOSEPH A	
Address:	8500 FREEPORT PKWY SOUTH. SUITE 400	
City-St-Zip:	IRVING, TX 75063	
Title:	PD	( ) Delete
Name:	MCCABE, MICHAEL JAMES JR	
Address:	8500 FREEPORT PKWY SOUTH STE 400	
City-St-Zip:	IRVING, TX 75063	
Title:	V	( ) Delete
Name:	DECARLO, MICHAEL S	
Address:	4064 COLONY ROAD, SUITE 450	
City-St-Zip:	CHARLOTTE, NC 28211	
Title:	S	( ) Delete
Name:	PURVIANCE, SCOTT M	
Address:	4064 COLONY ROAD, SUITE 450	
City-St-Zip:	CHARLOTTE, NC 28211	
Title:	AS	( ) Delete
Name:	HIGBEA, ANGELA N	
Address:	4064 COLONY ROAD, SUITE 450	
City-St-Zip:	CHARLOTTE, NC 28211	
Title:	V	( ) Delete
Name:	FLEET, SAMUEL H	
Address:	16 INTERNATIONAL WAY	
City-St-Zip:	WARWICK, RI 02886	

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:	
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 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: THERESA FELICIANO AGEN 01/09/2008

Electronic Signature of Signing Officer or Director — Date