

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

06 DEC 20 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*JSC*

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12/20/06--01040--010 \*\*70.00



11092006 Chg-P CR2E034 (11/05)

DOCUMENT # F05000004331					
1. Entity Name MARITIME COMMUNICATIONS PARTNER, INC.					
Principal Place of Business 3301 NE 2ND AVENUE MIAMI, FL 33137			Mailing Address 3301 NE 2ND AVENUE MIAMI, FL 33137		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-0122128	
				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			7. Name and Address of New Registered Agent		
RIVERO, MIDIALYS 9360 SUNSET DRIVE, STE 287 MIAMI, FL 33173			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP	<input checked="" type="checkbox"/> Delete	TITLE	chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEN GUSTAVSEN, TRYGVE		NAME		
STREET ADDRESS	3301 NE 2ND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP		
TITLE	VCT	<input checked="" type="checkbox"/> Delete	TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWIS, NIGEL		NAME		
STREET ADDRESS	3301 NE 2ND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	BOARD MEMBER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDERHAUG, ROAR		NAME		
STREET ADDRESS	3301 NE 2ND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Svein Are Folgerod	
STREET ADDRESS			STREET ADDRESS	3301 NE 2nd Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33137	
TITLE		<input type="checkbox"/> Delete	TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	TOM SEKKELSTEN	
STREET ADDRESS			STREET ADDRESS	3301 NE 2nd Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33137	
TITLE		<input type="checkbox"/> Delete	TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	WILLIAM P. THOMPSON	
STREET ADDRESS			STREET ADDRESS	3301 NE 2ND AVENUE	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33137	
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: <i>Svein Are Folgerod</i> SVEIN ARE FOLGEROD			20. NOV 2006 +4790516544		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		