

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90349 047 \*\*\*150.00

<b>DOCUMENT # F94000003414</b> 1. Entity Name <b>MAP COMMUNICATIONS, INC.</b>					
Principal Place of Business <b>840 GREENBRIER CIRCLE SUITE 202 CHESAPEAKE, VA 23320</b>			Mailing Address <b>840 GREENBRIER CIRCLE SUITE 202 CHESAPEAKE, VA 23320</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>22-3064901</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRISON, GARRY		NAME		
STREET ADDRESS	516 LIGHTHOUSE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH, VA 23451		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIES, GRAHAM		NAME		
STREET ADDRESS	2886 MACAO DR		STREET ADDRESS		
CITY-ST-ZIP	HERNDON, VA 20171		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRAZAR, ED		NAME		
STREET ADDRESS	185 BRAFORD PARK DR		STREET ADDRESS		
CITY-ST-ZIP	BONNVILLE, AU nsw 2441		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUMPHREY, BRONWYN		NAME		
STREET ADDRESS	533 SUSAN CONSTANT ROAD		STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH, VA 23451		CITY-ST-ZIP		
TITLE	VP <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHERWOOD, DAVE		NAME		
STREET ADDRESS	1000 W. PRINCESS ANNE RD.		STREET ADDRESS		
CITY-ST-ZIP	NORFOLK, VA 23507		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIBLEY, GRANT		NAME		
STREET ADDRESS	472 EDEN ROCK DRIVE		STREET ADDRESS	1300 Shetpsoon Ct.	
CITY-ST-ZIP	VIRGINIA BEACH, VA 23451		CITY-ST-ZIP	Chesapeake, VA. 23320	
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.					
<b>SIGNATURE:</b>			<b>Grant Sibley</b> <span style="float: right;">1-6-06 757-4241191</span>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					