2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# F94000003414

Entity Name: MAP COMMUNICATIONS, INC.

Current Principal Place of Business:

840 GREENBRIER CIRCLE
SUITE 202
CHESAPEAKE, VA 23320

New Principal Place of Business:

Current Mailing Address:

840 GREENBRIER CIRCLE
SUITE 202
CHESAPEAKE, VA 23320

New Mailing Address:

FEI Number: 22-3064901 **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 33331 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:	CD	( ) Delete
Name:	MORRISON, GARRY	
Address:	840 GREENBRIER CR., STE 202	
City-St-Zip:	CHESAPEAKE, VA 23320	
Title:	D	( ) Delete
Name:	DAVIES, GRAHAM	
Address:	42696 LITTLE SORREL LANE	
City-St-Zip:	LEESBURG, VA 20176	
Title:	D	( ) Delete
Name:	FRAZAR, ED	
Address:	185 BRAFORD PARK DR	
City-St-Zip:	BONNVILLE, AU NSW 2441	
Title:	PD	( ) Delete
Name:	HUMPHREY, BRONWYN	
Address:	533 SUSAN CONSTANT ROAD	
City-St-Zip:	VIRGINIA BEACH, VA 23451	
Title:	S	( ) Delete
Name:	SIBLEY, GRANT	
Address:	1300 SHORTSPOON CT.	
City-St-Zip:	CHESAPEAKE, VA 23320	

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:	

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: GRANT SIBLEY CFO 04/13/2009

Electronic Signature of Signing Officer or Director — Date