

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F97000003002																																		
1. Entity Name COMMUNICATIONS TODAY INC. OF DELAWARE																																		
Principal Place of Business 5405 CITRUS AVE. FT PIERCE, FL 34982		Mailing Address 5405 CITRUS AVE. FT PIERCE, FL 34982																																
DO NOT WRITE IN THIS SPACE																																		
		 01192007 No Chg.-P OR2E034 (11/05) 4. FEI Number 02-0491281 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent BURGESS, SUSAN 5405 CITRUS AVE. FT PIERCE, FL 34982 DO NOT WRITE IN THIS SPACE																																
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: _____ 9. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$650.00																																		
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>NAME</td> <td>VP</td> </tr> <tr> <td>NAME</td> <td>BURGESS, SUSAN</td> </tr> <tr> <td>STREET ADDRESS</td> <td>5405 CITRUS AVE.</td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>FT PIERCE, FL 34982</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> </table>			NAME	VP	NAME	BURGESS, SUSAN	STREET ADDRESS	5405 CITRUS AVE.	CITY-STATE-ZIP	FT PIERCE, FL 34982	NAME		NAME		STREET ADDRESS		CITY-STATE-ZIP		NAME		NAME		STREET ADDRESS		CITY-STATE-ZIP		NAME		NAME		STREET ADDRESS		CITY-STATE-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 116, 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 endorsement with an address, with officer-like empowered.																																		
SIGNATURE: <u>Susan Burgess</u> SUSAN BURGESS 772-467-2009 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/19/07 772-466-2034																																		