## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## Apr 04, 2005 08:00 AM Secretary of State DOCUMENT # F99000006620 FOCUS COMMUNICATIONS, INC. Principal Place of Business - Mailing Address 526 W. BLUERIDGE AVE. 526 W. BLUERIDGE AVE. ORANGE, CA 92865 ORANGE, CA 92865 01052005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-0520167 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DCEQ TITLE GIBBONS, CHRISTOPHER J NAME U00000287655 04/04/05-80076-015 150.00 STREET ADDRESS 526 W. BLUERIDGE AVE. CITY-ST-ZIP ORANGE, CA 92865 DPS TITLE LYNCH, TIMOTHY H NAME STREET ADDRESS 526 W. BLUERIDGE AVE. CITY-ST-ZIP ORANGE, CA 92865 TITLE STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS CITY-ST-ZIP 31717 NAME STREET ADDRESS CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

FICER OR DIRECTOR

**FILED**