


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

04-17-2007 90233 028 ***150.00

DOCUMENT # G19330
 1. Entity Name
ASTERISK COMMUNICATIONS, INC.



Principal Place of Business Mailing Address
 2848 E OAKLAND PARK BLVD P O BOX 11047
 FT. LAUDERDALE, FL 33306 US FT. LAUDERDALE, FL 33339-047 US



02212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2256345 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
INGHAM, FREDERICK
 2848 NE 25TH STREET
 FT. LAUDERDALE, FL 33305

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD INGHAM, FREDERICK 2848 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD INGHAM, RICHARD S. 2848 E OAKLAND PARK BLVD FT. LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDT INGHAM, JR., RICHARD S. 2848 E OAKLAND PARK BLVD FT. LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD INGHAM, TIMOTHY C 2848 E OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: *[Signature]* Date: 4/30/07 Daytime Phone #: 954-566-7559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR