2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # G88974

1. Entity Name

D AND D COMMUNICATIONS INC.



Principal Place of Business

% KEVIN DYGERT 4333 CANDLEWOOD LANE PONCE INLET, FL 32019 Mailing Address

% KEVIN DYGERT 4333 CANDLEWOOD LANE PONCE INLET, FL 32019

FILED Apr 20, 2006 08:00 AM Secretary of State



01232006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2517562

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DYGERT, KEVIN 4333 CANDLEWOOD LANE PONCE INLET, FL 32019

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|---|---|--|--------------------------|--------------------------------|---|--|
| | named entity submits this statement for the prions of registered agent. | surpose of changing its req | jistered affice or r | registered agent, or b | oth, in the State of Florida. I am familiar with, and according | |
| SIGNATURE | Signature, typed or printed name of registered agent and title | il applicable (NOTE, Re | agistered Agent signatur | e required when reinstating) | DATE | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees | | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | TORS } | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTO DYGERT, KEVIN L. 4333 CANDLEWOOD LANE PONCE INLET, FL | | : | | | |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | · | | | | U00000521789 05/03/06-80004-008 150.00 | |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP | | | , . | DO NOT WRITE | | |
| TITLE NAME STREET ADDRESS EIFY-ST-ZIP | | | | IN THIS SPACE | | |
| NAME STREET ADDRESS GITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS | | | • | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 1 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 cath, 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/06 (386)

Daytime Phone 6