

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H64342

FILED  
Apr 11, 2005  
Secretary of State

Entity Name: EFFECTIVE COMMUNICATIONS, INC.

**Current Principal Place of Business:**

1802-102 N. UNIVERSITY DR  
#279  
PLANTATION, FL 33322 US

**New Principal Place of Business:**

**Current Mailing Address:**

1802 N. UNIVERSITY DRIVE  
# 279  
PLANTATION, FL 33322 US

**New Mailing Address:**

FEI Number: 59-2690478      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FIEDELHOLTZ, MARK  
1802 N UNIVERSITY DR  
# 279  
PLANTATION, FL 33322 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: PD ( ) Delete  
Name: FIEDELHOLTZ, MARK,  
Address: 9623 HOLLYBROOK LK DR  
City-St-Zip: PEMBROKE PINES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FIEDELHOLTZ, MARK,  
Address: 1802 N. UNIVERSITY DRIVE, #279  
City-St-Zip: PLANTATION, FL 33322 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK FIEDELHOLTZ

PRES

04/11/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date