

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K05943

FILED
Apr 26, 2006
Secretary of State

Entity Name: ALLCOMM NETWORKS, INC.

Current Principal Place of Business:

13150 SE FLORA AVE.
HOBE SOUND, FL 33455 US

New Principal Place of Business:

Current Mailing Address:

13150 SE FLORA AVE.
HOBE SOUND, FL 33455 US

New Mailing Address:

FEI Number: 59-2861185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILINSKI, JOSEPH G.
2413 SW LOVE CT.
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

KILINSKI, DAVID M
597 SE ASHLEY OAKS WAY
STUART, FL 34997 US

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: DAVID M. KILINSKI

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KILINSKI, JOSEPH G.,
Address: 2413 SW COVE CT.
City-St-Zip: PALM CITY, FL 34990

Title: ST () Delete
Name: DUNCAN, PAMELA
Address: 1280 SW DYER POINT RD.
City-St-Zip: PALM CITY, FL 34990

Title: V (X) Delete
Name: KILINSKI, DAVID M.,
Address: 6823 SW CINNAMON CT
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: KILINSKI, DAVID M
Address: 597 SE ASHLEY OAKS WAY
City-St-Zip: STUART, FL 34997

Title: T (X) Change () Addition
Name: KILINSKI, DAVID M
Address: 597 SE ASHLEY OAKS WAY
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DAVID M. KILINSKI

V

04/26/2006

Electronic Signature of Signing Officer or Director

Date