M

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2008 08:00 All Secretary of State

ANNUAL REPORT				ren 19, 2000 08:0			
1. Entity Nam	MENT # K88116 MMUNICATIONS, INC.				S	ecretary	of St
Principal Place 3607 FAIRWA JUPITER, FL	AY DRIVE NORTH P	ailing Address : 0. BOX 7002 JPITER, FL 33468-4002		 	1 (110) (20) E (115) E (110) E (111)	BIF BIDIT 11811 31817 31611 3181	1
D	O NOT WRITE II	E	02142008 4. FEI Numbe 65-011		CR2E034 (11/05)	oplied For ot Applicable litional	
6. Name and Address of Current Registered Agent BURG, ROBERT L. 3607 FAIRWAY DRIVE NORTH JUPITER, FL 33477			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the plicons of registered agent. Signature, typed or printed name of registered agent and title		d office or registe	<u>-</u>	th, in the State of Floric	da. I am femiliar with,	and accept
FILE NOW!!! FEE 1\$ \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				i.00 May Be ded to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT DP BURG, ROBERT L 3607 FAIRWAY DRIVE N. JUPITER, FL 33477 DV SCOTT, THOMAS H 4621 BLUE MAJOR DRIVE	CTORS			U000008: 02/27/08-8	31438 0017-022 15	0.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ITLE IAME IREET ADDRESS ITY-ST-ZIP ITLE AME		DO NOT WRITE IN THIS SPACE				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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 antiress, with all other like empowered.

SIGNATURE:

TITLE

STREET ADORESS CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2/14/08

561-575-)119