## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Apr 05, 2006 8:00 am Secretary of State DOCUMENT #L78926 04-05-2006 90160 009 \*\*\*150.00 1. Entity Name TELE-VISUAL COMMUNICATIONS, INC. Principal Place of Business Mailing Address 20025168 300 S. DUNCAN AVE. 300 S. DUNCAN AVE. SUITE 112 SUITE 112 CLEARWATER, FL 33755 CLEARWATER, FL 33755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292006 CR2E034 (11/05) Cha-P Applied For 4. FEI Number City & State City & State 59-3017495 Not Applicable Zip Country Żip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BROWDER, DAVID JR. Street Address (P.O. Box Number is Not Acceptable) 305 S. DUNCAN AVENUE CLEARWATER, FL 34615 City Zip Code 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. <del>L</del>Ab ☐ Delete TITLE Prosident ☐ Addition TITLE Field, Lenne R. 300 S. Duncan Ave, #112 FIELD, LONNA R. NAME NAME STREET ADDRESS 300 S. DUNCAN AVE #112 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL CITY-ST-ZIP learnater, FL 33765 ☐ Defete TITLE Addition TOTLE Ronald Gaunt NAME NAME 300 S. Duncan Ava, Ste 112 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Cleuractor, FL 33755</u> Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

**FILED**