
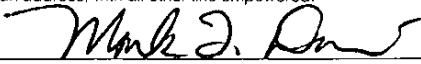


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90094 028 ****61.25

DOCUMENT # N04000000705 1. Entity Name REACH COMMUNICATIONS, INC.					
Principal Place of Business 2401 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309			Mailing Address 2401 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0651940	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVIS, MARK T 2401 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COY, ROBERT J		NAME	Chuck Dzeb	
STREET ADDRESS	2401 WEST CYPRESS CREEK ROAD		STREET ADDRESS	2401 W. Cypress Creek Road	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309		CITY - ST - ZIP	Ft. Lauderdale, FL 33309	
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, MARK T		NAME	George Nelson	
STREET ADDRESS	2401 WEST CYPRESS CREEK ROAD		STREET ADDRESS	2401 W. Cypress Creek Road	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309		CITY - ST - ZIP	Ft. Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIMS, CARL		NAME	Thomas Shetton	
STREET ADDRESS	2401 WEST CYPRESS CREEK ROAD		STREET ADDRESS	2401 W. Cypress Creek Road	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309		CITY - ST - ZIP	Ft. Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHINELLY, JOHN		NAME	Stephan Tchividjian	
STREET ADDRESS	2401 WEST CYPRESS CREEK ROAD		STREET ADDRESS	2401 W. Cypress Creek Road	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309		CITY - ST - ZIP	Ft. Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	DAVIDSON, TIM		NAME		
STREET ADDRESS	2000 NORTHWEST 44 STREET		STREET ADDRESS		
CITY - ST - ZIP	OAKLAND PARK, FL 33334		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	HECOCKS, CLAY		NAME		
STREET ADDRESS	2401 WEST CYPRESS CREEK ROAD		STREET ADDRESS		
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309		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 617, 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					