## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000002295

Title:

Name:

Address:

City-St-Zip:

Entity Name: KEPHA COMMUNICATIONS INC.

FILED May 07, 2006 Secretary of State

y	TELLING COMMONICATIONS, INC.			
Current P	rincipal Place of Business:	New Principal	New Principal Place of Business:	
3033 O'BRIEN DR TALLAHASSEE, FL 32309			117 1/2 HENDERSON ROAD TALLAHASSEE, FL 32312	
Current Mailing Address:		New Mailing A	New Mailing Address:	
3033 O'BR TALLAHAS	EIEN DR BSEE, FL 32309			
In accordan	ce with s. 607.193(2)(b), F.S., the corporation did not re	•	· ,	
Name and	Address of Current Registered Agent:	Name and Add	ress of New Registered Agent:	
2061-2 DE	JODY L ESQ. LTA WAY SSEE, FL 32303 US			
	named entity submits this statement for the pure of Florida.	pose of changing its reg	gistered office or registered agent, or both,	
SIGNATUR	RE:			
Electronic Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( ) Delete CONROY, BRUCE R 3033 O'BRIEN DR TALLAHASSEE, FL 32309	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete MANGAN, MICHAEL 3807 SAMPSON CT TALLAHASSEE, FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete CALAMAS, CHRISTA 600 VICTORY GARDENS DR B-12 TALLAHASSEE, FL	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (X) Delete DUNN, MARK 3745 LIFFORD CIR TALLAHASSEE, FL	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BRUCE R. CONROY D 05/07/2006

() Delete

SALANCY, FRANCIS

945 RIDGE RD

MONTICELLO, FL

() Change () Addition