## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000082526

Title:

Name:

Address:

City-St-Zip:

(X) Delete

BLANKS, DAVID

54 EAST CONCOURSE

BEAUMARIS, VI 3193 AU

FILED May 01, 2006 Secretary of State

Entity Nan	ne: B-QUAD (	COMMUNICATIONS CORP.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
13701 N KE SUITE 306 MIAMI, FL	ENDALL DRIVE 33186	<b>=</b>					
Current Ma	ailing Addres	<b>s:</b>	New Mailir	New Mailing Address:			
13701 N KE SUITE 306 MIAMI, FL		Ē					
FEI Number:	65-1033862	FEI Number Applied For ( )	FEI Number Not Appli	cable ( )	Certificate of Status Desired (	X)	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
BOON, DAVID 16417 SW 73RD LN MIAMI, FL 33193 US			13701 N KE SUITE 306	BULLIS, KARY J CFO 13701 N KENDALL DRIVE SUITE 306 MIAMI, FL 33186 US			
The above in the State		ubmits this statement for the p	urpose of changing it	s registered	office or registered agent, or	both,	
SIGNATUR	RE: KARYJB			05/01/2006			
	Electroni	c Signature of Registered Age	nt		Date		
Election Cam		(2)(b), F.S., the corporation did not Trust Fund Contribution(). 'ORS:			S TO OFFICERS AND DIRE	CTORS:	
Title: Name: Address: City-St-Zip:	PD () BARROS, PEDR 14001 SW 100 A MIAMI, FL 3317	\VE	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VPC (X) BOON, DAVID 16417 SW 73RI MIAMI, FL 3319		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address:	S () BULLIS, KARY 15960 SW 77 S	Delete	Title: Name: Address:	S ( BULLIS, KAR	X) Change()Addition Y J		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KARY BULLIS **SCFO** 05/01/2006

() Change () Addition