

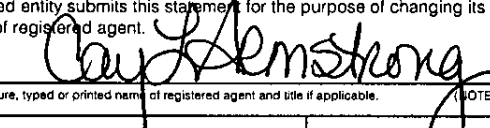
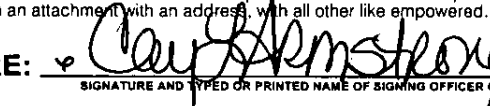


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90218 040 ***150.00

DOCUMENT # P00000092197 1. Entity Name FRIENDS COMMUNICATIONS, INC.					
Principal Place of Business 11171 SPRING HILL DR, STE C SPRING HILL, FL 34609			Mailing Address 11171 SPRING HILL DR, STE C SPRING HILL, FL 34609		
2. Principal Place of Business 15431 TIPTOE CT Suite, Apt. #, etc.		3. Mailing Address 15431 TIPTOE CT Suite, Apt. #, etc.			
City & State SPRING HILL, FL		City & State SPRING HILL, FL		4. FEI Number 59-3676414	
Zip 34610		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARMSTRONG, STEPHEN G 11171 SPRING HILL DR, STE C SPRING HILL, FL 34609			7. Name and Address of New Registered Agent Name STEPHEN G ARMSTRONG Street Address (P.O. Box Number is Not Acceptable) 15431 TIPTOE CT City SPRING HILL FL Zip Code 34610		
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  4 4/24/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARMSTRONG, STEPHEN G 15431 TIPTOE CT SPRING HILL, FL 34610	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ARMSTRONG, CAY L 15431 TIPTOE CT SPRING HILL, FL 34610	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  4/24/06 727 856 6715 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					