2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P01000000077

Entity Name: JOULE'S COMMUNICATIONS, INC.

Current Principal Place of Business:

1133 GOLDEN LAKES BLVD.
APT. 812
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

11823 OSPREY POINT CIRCLE
LAKE WORTH, FL 33467 US

Current Mailing Address:

1133 GOLDEN LAKES BLVD.
APT.812
WEST PALM BEACH, FL 33411 US

New Mailing Address:

11823 OSPREY POINT CIRCLE
LAKE WORTH, FL 33467 US

FEI Number: 65-1054773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, GARFIELD
1133 GOLDEN LAKES BLVD.
APT.812
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

ROBINSON, GARFIELD
11823 OSPREY POINT CIRCLE
LAKE WORTH, FL 33467 US

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.

SIGNATURE: G.ROBINSON 04/30/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ROBINSON, GARFIELD A
Address: 1133 GOLDEN LAKES BLVD. APT 812
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: P ( ) Delete
Name: ROBINSON, JULIET A
Address: 1133 GOLDEN LAKES BLVD.
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ROBINSON, GARFIELD A
Address: 11823 OSPREY POINT CIRCLE
City-St-Zip: LAKE WORTH, FL 33467 US

Title: P (X) Change ( ) Addition
Name: ROBINSON, JULIET A
Address: 11823 OSPREY POINT CIRCLE
City-St-Zip: LAKE WORTH, FL 33467 US

Title: VP ( ) Change (X) Addition
Name: STEPHENSON, FREDRICK H
Address: 11823 OSPREY POINT CIRCLE
City-St-Zip: LAKE WORTH, FL 33467 US

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: GARFIELD ROBINSON D 04/30/2007
Electronic Signature of Signing Officer or Director Date