

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000077

FILED
Apr 27, 2009
Secretary of State

Entity Name: JOULE'S COMMUNICATIONS, INC.

Current Principal Place of Business:

6725 APACHE BLVD
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

Current Mailing Address:

6725 APACHE BLVD
LOXAHATCHEE, FL 33470 US

New Mailing Address:

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
6725 APACHE BLVD
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

ROBINSON, GARFIELD A RA
6725 APACHE BLVD
LOXAHATCHEE, FL 33470 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: GARFIELD ROBINSON

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROBINSON, GARFIELD A
Address: 6725 APACHE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: P () Delete
Name: ROBINSON, JULIET A
Address: 6725 APACHE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: VP () Delete
Name: STEPHENSON, FREDRICK H
Address: 6725 APACHE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CUMMINGS, PATRICIA M
Address: 4291 NW 19TH STREET APT. # 3
City-St-Zip: LAUDERHILL, FL 33313 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

04/27/2009

Electronic Signature of Signing Officer or Director

Date