

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000014569

Entity Name: GOVERNMEDIA SOLUTIONS, INC.

FILED
May 18, 2006
Secretary of State

Current Principal Place of Business:

3424 TANGLEWOOD DRIVE
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 15473
SARASOTA, FL 34277

New Mailing Address:

FEI Number: 65-1105592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSEN, MILES
PO BOX 15473
SARASOTA, FL 34277 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LARSEN, MILES
Address: PO BOX 15473
City-St-Zip: SARASOTA, FL 34277

Title: VP () Delete
Name: SCALZI, JOHN
Address: 3424 TANGLEWOOD DRIVE
City-St-Zip: SARASOTA, FL 34239 US

Title: DT () Delete
Name: LARSEN, LINDA
Address: 3424 TANGLEWOOD DRIVE
City-St-Zip: SARASOTA, FL 34239 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: LARSEN, LINDA
Address: 3424 TANGLEWOOD DRIVE
City-St-Zip: SARASOTA, FL 34239 US

Title: DT (X) Change () Addition
Name: SCALZI, JOHN
Address: 3424 TANGLEWOOD DRIVE
City-St-Zip: SARASOTA, FL 34239 US

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.

SIGNATURE: LINDA LARSEN

VP

05/18/2006

Electronic Signature of Signing Officer or Director

Date