2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P01000027565 06 MAY 25 AH II: 13 FOR-TUNES COMMUNICATIONS, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 6311 N.W. 26TH TERRACE 6311 N.W. 26TH TERRACE GAINESVILLE, FL 32653 GAINESVILLE, FL 32653 2. Principal Place of Business 3. Mailing Address 5626 NW terrace 5624 NW Terroce Suite, Apt. #, etc. Suite, Apt. #, etc. 05242006 CR2E034 (11/05) Chg-P Gainesville City & State Gainesville City & State 4. FEI Number Applied For gainesu 59-3706104 Not Applicable Country Country USA \$8.75 Additional 5. Certificate of Status Desired 32653 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LADENHEIM, MELANIE Street Address (P.O. Box Number is Not Acceptable) **6311 N.W. 26TH TERRACE** GAINESVILLE, FL 32653 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees Due by September 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition Change NAME LADENHEIM, MELANIE NAME 6311 N.W. 26TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32653 CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition 700075661137 06/02/06--01010--003 **150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CATY-ST-7IP 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 is changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

APPRUYL:

AND