

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000028399

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** COMMTECH WIRELESS MARKETING INC.

**Current Principal Place of Business:**

6900 PHILLIPS HWY  
SUITE 26 & 27  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

8301 CYPRESS PLAZA DRIVE  
SUITE 105  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

6900 PHILLIPS HWY  
SUITE 26 & 27  
JACKSONVILLE, FL 32216

**New Mailing Address:**

8301 CYPRESS PLAZA DRIVE  
SUITE 105  
JACKSONVILLE, FL 32256

**FEI Number:** 52-2307743

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEWIS, ZANE  
6900 PHILLIPS HWY  
SUITE 26 & 27  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

LEWIS, ZANE  
8301 CYPRESS PLAZA DRIVE  
SUITE 105  
JACKSONVILLE, FL 32256 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: ZANE LEWIS

04/28/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPAS ( ) Delete  
Name: LEWIS, ZANE  
Address: 1019 BASS HARBOR DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: DST ( ) Delete  
Name: BUZZA, NATHAN  
Address: 6900 PHILLIPS HWY STE 26 & 27  
City-St-Zip: JACKSONVILLE, FL 32216

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPAS (X) Change ( ) Addition  
Name: LEWIS, ZANE  
Address: 12141 TWAIN OAKS LANE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: DST (X) Change ( ) Addition  
Name: BUZZA, NATHAN  
Address: 8301 CYPRESS PLAZA DR SUITE 105  
City-St-Zip: JACKSONVILLE, FL 32256

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: ZANE LEWIS

DPAS

04/28/2006

Electronic Signature of Signing Officer or Director

Date