2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000057469

DECLIANATE COMMUNICATIONS INC

FILED Apr 25, 2006 Secretary of State

Entity Na	Me: RECHAN	INEL COMMUNICATIONS, II	NC.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	K PLACE #450 TON, FL 3348			ONE PARK PLACE, SUITE 5TH FLOOR BOCA RATON, FL 33487		
Current N	lailing Addres	ss:	New Maili	New Mailing Address:		
ONE PARK PLACE #450 BOCA RATON, FL 33487				ONE PARK PLACE, SUITE 5TH FLOOR BOCA RATON, FL 33487		
FEI Number	: 65-1111532	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()		
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:		
in the State	100 AVE 33165 US named entity e of Florida.	submits this statement for the	purpose of changing	its registered office or registered agent, or both,		
SIGNATUI		nic Signature of Registered A	gent	Date		
Election Car		g Trust Fund Contribution ().	gent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	CEO (SIEGEL, STUA ONE PARK PLA BOCA RATON,	ACE #450	Title: Name: Address: City-St-Zip:	CEO (X) Change () Addition SIEGEL, STUART ONE PARK PLACE, SUITE 5TH FLOOR BOCA RATON, FL 33487		
Title: Name: Address: City-St-Zip:	V (1 MEYER, DAVIE ONE PARK PLA BOCA RATON	ACE #450	Title: Name: Address: Citv-St-Zip:	V (X) Change () Addition MEYER, DAVID ONE PARK PLACE , SUITE 5TH FLOOR BOCA RATON, FL. 33487		

Title: CFO () Delete SMITH, EDWARD R Name: ONE PARK PLACE #450 Address: City-St-Zip: BOCA RATON, FL 33487

Title: () Delete Name:

Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33487 Title: DIR () Change (X) Addition LIU, VERONICA Name:

MEYER, JEROME

(X) Change () Addition

ONE PARK PLACE, SUITE 5TH FLOOR

ONE PARK PLACE, SUITE 5TH FLOOR Address:

BOCA RATON, FL 33487 City-St-Zip:

FVP

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.

Title:

Name:

Address:

SIGNATURE: VERONICA LIU DIR 04/25/2006