FILED 2006 FOR PROFIT CORPORATION ANNUAL REPORT May 02, 2006 08:00 AN Secretary of State DOCUMENT # P02000002318 1. Entity Name NC COMMUNICATIONS, INC. Principal Place of Business Mailing Address **6421 MAYTREE CIR** 6421 MAYTREE CIR FORT MYERS, FL 33905 FORT MYERS, FL 33905 CR2E034 (11/05) 04272006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 30-0007435 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHAIPRASERT, NATTAVUT DO NOT WRITE 6421 MAYTREE CIR FORT MYERS, FL 33905 IN THIS SPACE 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 reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. THLE CHAIPRASERT, NATTAVUT NAME STREET ADDRESS 6421 MAYTREE CIR CITY-ST-ZIP FORT MYERS, FL 33905 U00000558459 05/17/06-80094-015 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP

> SIGNATURE AND TYP D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #