2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006
Secretary of State

DOCUMENT# P02000073941

Entity Name: COMMUNICATIONS PLUS II, INC.

Current Principal Place of Business:

6574 N. STATE ROAD 7
#200
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

6574 N. STATE ROAD 7
#200
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 52-2372386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOUGHREY, KATHLEEN S
4751 NW 58 TERRACE
CORAL SPRINGS, FL 33067 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: LOUGHREY, KATHLEEN S
Address: 4751 NW 58 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: P ( ) Delete
Name: LOUGHREY, FRANCIS X SR.
Address: 4751 NW 58 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: V ( ) Delete
Name: LOUGHREY, FRANCIS X JR.
Address: 8855 NW 28 DRIVE #2
City-St-Zip: CORAL SPRINGS, FL 33065

Title: V ( ) Delete
Name: LOUGHREY, BRIAN F
Address: 501 NW JUANITA COURT
City-St-Zip: CAPE CORAL, FL 33993

Title: S ( ) Delete
Name: SALAMIDA, TIFFANY I
Address: 23442 SW 57 AVENUE #404
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: S (X) Change ( ) Addition
Name: SALAMIDA, TIFFANY I
Address: 740 NW 48 AVE
City-St-Zip: COCONUT CREEK, FL 33063

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: KATHLEEN LOUGHREY CEO 01/20/2006

Electronic Signature of Signing Officer or Director — Date