2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000124395

Entity Name: COMMERCIAL MEDIA SYSTEMS, INC.

FILED Mar 17, 2006 Secretary of State

| Current P | rincipal Place | of Business: | New Principal Place of | New Principal Place of Business: | |
|---|--|---------------------------------|---|--|--|
| SUITE 105 | | PKWY | | | |
| LONGWO | OD, FL 32750 | | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| 605 MAGN LAKE MAF | NOLIA LN RY, FL 32746 | | | | |
| FEI Number | : 56-2304178 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | |
| GOODWIN 605 MAGN LAKE MAF | | US | | | |
| | named entity s e of Florida. | ubmits this statement for the p | purpose of changing its registered | office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| Election Ca | mpaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D () GOODWIN, GRE 605 MAGNOLIA LAKE MARY, FL | LN | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () GOODWIN, ELIZ 605 MAGNOLIA LAKE MARY, FL | LN | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () TIEDGE, STEVE 9424 TURKEY CORLANDO, FL () | OAK BEND | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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: GREG GOODWIN MR. 03/17/2006