- 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 03, 2006 08:00 AM Secretary of State DOCUMENT # P03000001969 1. Entity Name H.N.C. COMMUNICATIONS, INC. Principal Place of Business Mailing Address **6830 MITCHELL CIRCLE 6830 MITCHELL CIRCLE TAMPA, FL 33634** TAMPA, FL 33634 04302006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4232746 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CORLIS, MERLANDO E DO NOT WRITE 6830 MITCHELL CIRCLE **TAMPA, FL 33634** 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, typed or priviled name of registered agent and life it applicable (NOTE: Registered Agent eignature required when reinstating) DATE U00000553682 05/18/06-88010-801 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 7177 F CORLIS, MERLANDO E 6830 MITCHELL CIRCLE STREET ADDRESS TAMPA, FL 33634 CITY-ST-ZIP TITLE MAME STREET ACCRESS CHTY-57-207 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 7177 6 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-70

12. Thereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X/3-918-04//

FILED