



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90019 012 \*\*\*150.00

<b>DOCUMENT # P03000017014</b> 1. Entity Name <b>HIGHNODE COMMUNICATIONS, INC.</b>					
Principal Place of Business <b>3803 CORAL TREE CIR COCONUT CREEK, FL 33073 US</b>				Mailing Address <b>3803 CORAL TREE CIR COCONUT CREEK, FL 33073</b>	
2. Principal Place of Business <b>2536 NW 49TH TERRACE</b> Suite, Apt. #, etc.		3. Mailing Address <b>2536 NW 49TH TERRACE</b> Suite, Apt. #, etc.			
City & State <b>COCONUT CREEK FL</b>		City & State <b>COCONUT CREEK FL</b>		4. FEI Number <b>06-1678529</b>	
Zip <b>33063</b> Country <b>USA</b>		Zip <b>33063</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KLUTSE, LYNETTE</b> <del><b>3803 CORAL TREE CIR</b></del> <del><b>COCONUT CREEK, FL 33073</b></del>				7. Name and Address of New Registered Agent Name <b>LYNETTE KLUTSE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2536 NW 49TH TERRACE</b> City <b>COCONUT CREEK FL</b> Zip Code <b>33063</b>	
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: <u><i>Lynette Klutse</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KLUTSE, LYNETTE <del>3803 CORAL TREE CIR</del> <del>COCONUT CREEK, FL 33073</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>Change</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2536 NW 49TH TERRACE</b> <b>COCONUT CREEK, FL 33063</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Lynette Klutse</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <span style="float: right;"><small>Daytime Phone #</small></span>					