


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000061900	
1. Entity Name SDL COMMUNICATIONS, INC	

Principal Place of Business 241 SPRINGSIDE ROAD LONGWOOD, FL 32779	Mailing Address 241 SPRINGSIDE ROAD LONGWOOD, FL 32779
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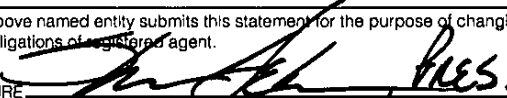


03122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0029656	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  DE LUCA, SHARON F 241 SPRINGSIDE ROAD LONGWOOD, FL 32779	<b>DO NOT WRITE IN THIS SPACE</b>
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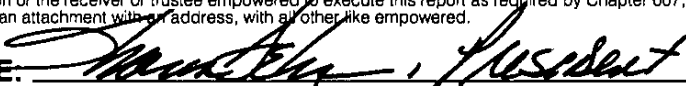
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  PRES.	DATE 4-11-07
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA DE LUCA, SHARON 241 SPRINGSIDE RD. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DE LUCA, SHARON 241 SPRINGSIDE RD LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. DE LUCA, SHARON 241 SPRINGSIDE RD. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. DE LUCA, SHARON 241 SPRINGSIDE RD. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000705161  
04/23/07-80040-013 150.00

**DO NOT WRITE IN THIS SPACE**

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  President	DATE 4-11-07 407-682-3512
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

*SHARON DE LUCA*