

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90041 015 \*\*\*150.00

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03032005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000076070</b> 1. Entity Name <b>ARCHIBALD COMMUNICATIONS INC.</b>					
Principal Place of Business <b>9873 LAWRENCE ROAD C304 BOYNTON BEACH, FL 33436</b>			Mailing Address <b>9873 LAWRENCE ROAD C 304 BOYNTON BEACH, FL 33436</b>		
2. Principal Place of Business <b>2914 NW 69 CT</b>		3. Mailing Address <b>2914 N.W. 69 CT</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>FT. LAUDERDALE FL</b>		City & State <b>FT. LAUDERDALE FL</b>		4. FEI Number <b>42-1602192</b>	
Zip <b>33309</b>		Country <b>U.S.</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>WAYNE, ARCHIBALD R 9873 LAWRENCE RD C 304 BOYNTON BEACH, FL 33436</b>			7. Name and Address of New Registered Agent Name <b>WAYNE R. ARCHIBALD</b> Street Address (P.O. Box Number is Not Acceptable) <b>2914 NW 69 CT</b> City <b>FT. LAUDERDALE</b> <b>FL</b> Zip Code <b>33309</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>Wayne R. Archibald</u> DATE: <u>3/22/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>ARCHIBALD, WAYNE R 9873 LAWRENCE RD BOYNTON BEACH, FL 33436</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2914 NW 69 CT FT. LAUDERDALE FL 33309</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Wayne R. Archibald</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/22/05</u> <small>Date</small>		
<small>Daytime Phone #</small>					