


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P03000077935</b>                                 |  |
| 1. Entity Name<br><b>GLOBAL COMMUNICATIONS MANAGEMENT, INC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>3522 SOUTHERN ORCHARD ROAD W<br/>DAVIE, FL 33328 US</b> | Mailing Address<br><b>3522 SOUTHERN ORCHARD ROAD W<br/>DAVIE, FL 33328 US</b> |
|---|---|



06232006 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number<br><b>20-0130798</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>MICHELLE, ANTKIEWICZ DIRECTO<br/>3522 SOUTHERN ORCHARD ROAD W<br/>DAVIE, FL 33328</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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

|   |   |  |
|---|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 6, 2006</b> | 9. Election Campaign Financing:<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ANTKIEWICZ, MICHELLE L<br>3522 SOUTHERN ORCHARD ROAD W<br>DAVIE, FL 33328 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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07/07/06-80006-015 150.00

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 law empowered.

|   |                     |                                     |
|---|---------------------|-------------------------------------|
| <b>SIGNATURE:</b> <i>Michelle Antkiewicz</i> <b>Michelle Antkiewicz</b>           | Date <b>6/30/06</b> | Daytime Phone # <b>954-675-8958</b> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |                     |                                     |