

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000114169

FILED
Apr 30, 2007
Secretary of State

Entity Name: FAMILYDOT COMMUNICATIONS, INC.

Current Principal Place of Business:

5400 NW 39TH AVE
306
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

5400 NW 39TH AVE
306
GAINESVILLE, FL 32606

New Mailing Address:

POST OFFICE BOX 6118
306
GAINESVILLE, FL 32627

FEI Number: 52-2395508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, ED
18424 SW 15TH AVE
NEWBERRY, FL 32669 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WARD, SAMUEL D
Address: 5400 NW 39TH AVE 306
City-St-Zip: GAINESVILLE, FL 32606

Title: SD () Delete
Name: BROWN, MARCIA H
Address: 5400 NW 39TH AVE 306
City-St-Zip: GAINESVILLE, FL 32606

Title: TD () Delete
Name: COX, ED
Address: 18424 SW 15TH AVE
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WARD, SAMUEL D
Address: POST OFFICE BOX 6118
City-St-Zip: GAINESVILLE, FL 32627

Title: SD (X) Change () Addition
Name: BROWN, MARCIA H
Address: POST OFFICE BOX 5031
City-St-Zip: GAINESVILLE, FL 32627

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL D WARD

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date