2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007
Secretary of State

DOCUMENT# P04000016107

Entity Name: HL COMMUNICATIONS, INC.

Current Principal Place of Business:

3461 BONITA BAY BLVD.
201
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

18340 VICENZA WAY
MIROMAR LAKES, FL 33913 US

Current Mailing Address:

P.O. BOX 1839
BONITA SPRINGS, FL 34133 US

New Mailing Address:

18340 VICENZA WAY
MIROMAR LAKES, FL 33913 US

FEI Number: 81-0642328 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MICHAELS, LYNN
18340 VICENZA WAY
MIROMAR LAKES, FL 33913 US

Name and Address of New Registered Agent:

SPENCE, LYNN M
18340 VICENZA WAY
MIROMAR LAKES, FL 33913 US

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: LYNN M. SPENCE 02/13/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: MICHAELS, LYNN
Address: 3461 BONITA BAY BLVD. SUITE #201
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: D ( ) Delete
Name: MICHAELS, LYNN
Address: 3461 BONITA SPRINGS, SUITE 201
City-St-Zip: BONITA SPRINGS, FL 34134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: SPENCE, LYNN M
Address: 18340 VICENZA WAY
City-St-Zip: MIROMAR LAKES, FL 33913 US

Title: D (X) Change ( ) Addition
Name: SPENCE, LYNN M
Address: 18340 VICENZA WAY
City-St-Zip: MIROMAR LAKES, FL 33913 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LYNN M. SPENCE D 02/13/2007
Electronic Signature of Signing Officer or Director Date