2008 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	MENT # P0400003690 mmunications, inc.	2		ļ	SECRETARY OF STATE DIVISION OF CONFORATIONS 08 OCT -7 AHTT: 59	
Principal Place of Business 1351 CASSAT AVE. JACKSONVILLE, FL 32205 Mailing Address 1351 CASSAT AVE. JACKSONVILLE, FL 32205			 - 	IN AANA INIA DINI NIM AANE KANEN U IDEN		
DO NOT WRITE IN THIS SPACE				09112008 No Chg-P 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUSEMAN, WILLIAM R 6320 ST AUGUSTINE RD BLDG 12 JACKSONVILLE, FL 32217			DO NOT WRITE IN THIS SPACE			
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when rematating) DATE						
FILE NOWIII FEE IS \$550.00 Due by September 12, 2008 9. Election Campaign Financi Trust Fund Contribution.			ncing \$5	.00 May Be 800136 ed to Fee10/07/08010	6689028 09014 **550.00	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRE P BURGESS, CHARLES H 1351 CASSAT AVE. JACKSONVILLE, FL 32205	CTORS		•		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				DO NOT WRITE IN THIS SPACE		
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TITLE NAME STREET ADORESS CITY-ST-ZIP	ZP \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			In Charles 110 Florida Plantas	buther earlify that the information	
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: MICHATURE AND THEED OR PROMITED MANOR OF FICH ON DIRECTOR BURGES (PAS) 980 08 904 535 81						