## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000079956

Entity Name: AREA CODE 876, INC.

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
6811 RIO F N LAUDER	PINAR DR PDALE, FL 33	3068						
Current Mailing Address:					New Mailing Address:			
6811 RIO F N LAUDER	PINAR DR PDALE, FL 33	3068						
FEI Number:	68-0609451	FEI Nu	ımber Applied For()	FEI Numbe	er Not Appli	cable ( )	Certificate of Status Desired ( )	ı
Name and	Address of	Current	Registered Agent:	N	ame and	Address o	f New Registered Agent:	
RAINFORE 6811 RIO F N LAUDER		3068 l	JS					
The above in the State		submits	this statement for the pu	urpose of cl	hanging it	s registered	d office or registered agent, or b	oth,
SIGNATUR	RE:							
	Electro	nic Signa	ature of Registered Age	nt			Date	
Election Carr	npaign Financir	ng Trust F	und Contribution ( ).					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP ( RAINFORD, D 6811 RIO PIN N LAUDERDA	AR DR	068	Na Ad	tle: ame: ldress: ty-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DV ( CAMPLIN, MIC 6811 RIO PIN. N LAUDERDA	AR DR	068	Na Ad	tle: ame: ldress: ty-St-Zip:	COX, ALTON 6811 RIO PI		
Title: Name: Address: City-St-Zip:	DST ( MANN, MICHA 6811 RIO PIN N LAUDERDA	AR DR	D68	Na Ad	tle: ame: ldress: ty-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	(	) Delete		Na Ad	tle: ame: ldress: ty-St-Zip:	SHAW, KEV 6811 RIO PI		
Title: Name: Address: City-St-Zip:	(	) Delete		Na Ad	tle: ame: ldress: ty-St-Zip:	DIR FULLER, TIT 6811 RIO PI N LAUDERD	NAR DR	

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:	DAVID RAINFORD	DP	04/25/2006