

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

04-20-2006 90216 002 ***150.00

DOCUMENT # P05000082019 1. Entity Name PULSE TELECOMMUNICATIONS, INC.					
Principal Place of Business 14175 ICOT BLVD. SUITE # 100 CLEARWATER, FL 33760			Mailing Address 14175 ICOT BLVD. SUITE # 100 CLEARWATER, FL 33760		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-2969805	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JOHNSON, DAN 14175 ICOT BLVD. SUITE # 100 CLEARWATER, FL 33760				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP President DAN JOHNSON 14175 ICOT Blvd. suite 100 clearwater, FL 33760			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
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 an officer like empowered.					
SIGNATURE: <u>DAN JOHNSON</u> 2/9/06 7275248422 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Phone #					

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