

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P06000001368

1. Entity Name
INTERACTIVE COMMUNICATIONS INC.



Principal Place of Business
**2214 LOGSDON STREET
NORTH PORT, FL 34287 US**

Mailing Address
**2214 LOGSDON STREET
NORTH PORT, FL 34287 US**



04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2566355	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SARDINA, JORGE L
2214 LOGSDON STREET
NORTH PORT, FL 34287**

**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 and printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/2007

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SARDINA, JORGE L
STREET ADDRESS	2214 LOGSDON STREET
CITY-ST-ZIP	NORTH PORT, FL 34287

TITLE	CFO
NAME	SARDINA, JORGE L
STREET ADDRESS	2214 LOGSDON STREET
CITY-ST-ZIP	NORTH PORT, FL 34287

TITLE	VP
NAME	SARDINA, JORGE L
STREET ADDRESS	2214 LOGSDON STREET
CITY-ST-ZIP	NORTH PORT, FL 34287

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/18/07-80101-005 150.00

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:

(Signature and typed or printed name of signing officer or director)

DATE

Daytime Phone #

4/30/2007 941-408-5891