2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 16, 2007 8:00 am Secretary of State **DOCUMENT # P06000077835** 03-16-2007 90022 019 ***150.00 WRITE ANGLE COMMUNICATIONS, INC. Principal Place of Business Mailing Address 1905 CRANBERRY ISLES WAY 1905 CRANBERRY ISLES WAY APOPKA, FL 32712 US APOPKA, FL 32712 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 03132007 Chg-P CR2E034 (12/06) City & State 4. FEI Number City & State Applied For 20:499662 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH IVEY R Street Address (P.O. Box Number is Not Acceptable) 1905 CRANBERRY ISLES WAY **APOPKA, FL 32712** Zip Code 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 signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. \Box Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Change SMITH, IVEY R NAME NAME STREET ADDRESS 1905 CRANBERRY ISLES WAY STREET ADORESS APOPKA, FL 32712 CITY-ST-ZIP CITY-ST-7/P TITLE VΡ Delete TITLE ☐ Change ☐ Addition SMITH, JONATHAN G NAME STREET ADDRESS 1905 CRANBERRY ISLES WAY STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 CITY-ST-ZIP S ΠΠF ☐ Delete TITLE ☐ Change ☐ Addition SMITH, IVEY R NAME NAME STREET ADDRESS 1905 CRANBERRY ISLES WAY STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition SMITH, IVEY R NAME NAME STREET ADDRESS 1905 CRANBERRY ISLES WAY STREET ADDRESS CITY-ST-7/P APOPKA, FL 32712 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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March 13,2007 4078848141

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