2007 FOR PROFIT CORPORATION

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SIGNATURE

Apr 27, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P06000156144** 04-27-2007 90178 002 ***158.75 1. Entity Name CFC COMMUNICATIONS, INC. Mailing Address Principal Place of Business 400000 4363 CARAMBOLA CIRCLE NORTH 4363 CARAMBOLA CIRCLE NORTH COCONUT CREEK, FL 33066 COCONUT CREEK, FL 33066 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FISHER, CAROLYN Street Address (P.O. Box Number is Not Acceptable) 4363 CARAMBOLA CIRCLE NORTH COCONUT CREEK, FL 33066 Zip Code 8. The above of med egitify 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 obliga APA SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TELLE ☐ Doleto TITLE ☐ Change ☐ Addition NAME FISHER, CAROLYN NAME 4363 CARAMBOLA CIRCLE NORTH STREET ADDRESS STREET ADORESS CITY-ST-ZIP COÇONUT CREEK, FL 33066 CITY-ST-ZIP TITLE Delete 1III F Change Addition NAME FISHER, CAROLYN NAME 4363 CARAMBOLA CIRCLE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33066 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TIDE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 the 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 of 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.

OF OR PRINTED NAME OF SIGNING OFFICER OR DO

FILED