

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 23, 2006 8:00 am  
Secretary of State**

01-23-2006 90048 005 \*\*\*150.00

**DOCUMENT # P93000008109**

1. Entity Name  
COMMUNICATIONS GROUP OF AMERICA, INC.



Principal Place of Business  
1031 CAPE CORAL PARKWAY  
204  
CAPE CORAL, FL 33904

Mailing Address  
P.O. BOX 100488  
CAPE CORAL, FL 33910

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0396645	Applied For
	Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CHUBOKAS, THOMAS  
216 SE 19TH TERRACE  
CAPE CORAL, FL 33990

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

2342 Chandler Ave

City  
Ft. Myers

FL Zip Code  
33907

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

*Thomas Chubokas*

01-15-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
CHUHOKAS, THOMAS  
216 SE 19TH TERRACE  
CAPE CORAL, FL 33990

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

Change  Addition

2342 Chandler Ave  
Ft. Myers, FL 33907

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

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

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: *Thomas Chubokas - Pres.*

01-15-06 239-826-5568

SHONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #