2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2006 8:00 am **Secretary of State** DOCUMENT # P93000067921 1. Entity Name 02-27-2006 90086 011 ***158.75 INCLINE COMMUNICATIONS, INC. Mailing Address Principal Place of Business 333 FAULKENBERG RD 333 FAULKENBERG RD SUITE E-502 SUITE E-502 TAMPA FL 33619 **TAMPA FL 33619** 2. Principal Place of Business 7/S U.S. HWY 3. Mailing Address 715 U.S. Hwy 92 WEST 92 WEST Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State SEFFNER 59-3315186 SEFFNER Not Applicable Country Country \$8.75-Additional--- -5. Certificate of Status Desired 33584-3513 33584-3513 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RONAld W. TOY, RONALD W P.O. Box Number is Not Acceptable) S. 1444 92 WEST 333 FALKENBERG RD. SUITE E-502 **TAMPA FL 33619** City SEFFNER 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. 2-13-2006 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change Change Addition TITLE ☐ Delete TITLE Toy, PONALD W 715 US HW492 WEST TOY, RONALD W NAME STREET ADDRESS STREET ADDRESS 333 FALKENBURG ROAD SUITE E-502 CITY-ST-ZIP semmen FL 33584-3513 CITY-ST-7IP TAMPA F Change ☐ Addition TITLE ☐ Delele TITLE NAME TOY MAKTHA JUST TUST TOY, MARTHA NAME STREET ADDRESS STREET ADDRESS 333 FLAKENBURG ROAD SUTE E-502 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change_ -Duicti-.uu . Addition. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CISY-ST-7/P ☐ Delete ☐ Change Addition TITLE DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete THLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP THILE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

with all other like empowered.

RONALD W. Toy

FILED