
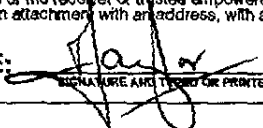


FILED
Apr 12, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000042722		
<small>1. Entity Name</small> NAVONOD COMMUNICATIONS, INC.		
<small>Principal Place of Business</small> 6778 SUNSET STRIP SUNRISE, FL 33313 US	<small>Mailing Address</small> 6778 SUNSET STRIP SUNRISE, FL 33313 US	
DO NOT WRITE IN THIS SPACE		
		04062006 No Chg-P CR2E034 (11/05)
		<small>4. FEI Number</small> 65-0586502 <small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>
		<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required
<small>6. Name and Address of Current Registered Agent</small>		
TAYLOR, DONOVAN W 4954 LEEWARD LANE DANIA BEACH, FL 33312		DO NOT WRITE IN THIS SPACE
<small>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.</small>		
<small>SIGNATURE</small> _____ <small>(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when re-registering)</small> <small>DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		<small>9. Election Campaign Financing</small> <small>Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000503681 04/26/06-80042-008 150.00
<small>TITLE</small>	P TAYLOR, DONOVAN W	DO NOT WRITE IN THIS SPACE
<small>NAME</small>	4954 LEEWARD LANE	
<small>STREET ADDRESS</small>	DANIA BEACH, FL 33312	
<small>CITY-ST-ZIP</small>		
<small>TITLE</small>	V TAYLOR, SONIA E	
<small>NAME</small>	4954 LEEWARD LANE	
<small>STREET ADDRESS</small>	DANIA BEACH, FL 33312	
<small>CITY-ST-ZIP</small>		
<small>TITLE</small>		
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		
<small>TITLE</small>		
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		
<small>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.</small>		
SIGNATURE:  Donovan W. Taylor 4/6/06 954-742-4422		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>		