

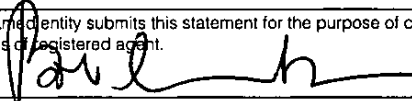
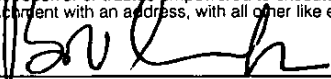


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90176 026 ***150.00

DOCUMENT # P95000046333 1. Entity Name BOB CIRCOSTA COMMUNICATIONS, INC.						
Principal Place of Business 3001 EXECUTIVE DR. 350 CLEARWATER, FL 33762			Mailing Address 3001 EXECUTIVE DR. 350 CLEARWATER, FL 33762			
2. Principal Place of Business 3001 EXECUTIVE DR Suite, Apt. #, etc. SUITE 270 City & State CLEARWATER FL Zip 33762		3. Mailing Address 3001 EXECUTIVE DR Suite, Apt. #, etc. SUITE 270 City & State CLEARWATER FL Zip 33762				
4. FEI Number 59-3325167		Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04172006 Chg-P CR2E034 (11/05)		
6. Name and Address of Current Registered Agent CIRCOSTA, BOB 3001 EXECUTIVE DR. STE. 350 SAINT PETERSBURG, FL 33716			7. Name and Address of New Registered Agent Name Bob Circosta Street Address (P.O. Box Number is Not Acceptable) 3001 Executive Dr Suite 270 City Clearwater FL Zip Code 33762			
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  Bob Circosta 4/28/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CIRCOSTA, BOB 3001 EXECUTIVE DR., STE. 350 CLEARWATER, FL 33762	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Bob Circosta 3001 Executive Dr #270 Clearwater FL 33762	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV CIRCOSTA, BOB 3001 EXECUTIVE DR., STE. 350 CLEARWATER, FL 33762	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bob Circosta 3001 executive Dr #270 Clearwater FL 33762	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Bob Circosta 4/28/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						