FILED
Mar 29, 2006 8:00 am
Secretary of State
03-29-2006 90113 006 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000042837

1. Entity Name
KAYE COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
1515 N FEDERAL HWY 204 BOCA RATON, FL 33432	1515 N FEDERAL HWY 204 BOCA RATON, FL 33432
2. Principal Place of Business: 555 S Federal Hwy	3. Mailing Address: 555 S Federal Hwy
Suite, Apt. #, etc.: Ste 370	Suite, Apt. #, etc.: Ste 370
City & State: Boca Raton FL	City & State: Boca Raton FL
Zip: 33432 Country: USA	Zip: 33432 Country: USA

02272006 Chg-P CR2E034 (11/05)

4. FEI Number: 65-0678648 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
KAYE, BONNIE S.
12716 NW 18TH PLACE
CORAL SPRINGS, FL 33031

7. Name and Address of New Registered Agent
Name: Kaye, Bonnie S
Street Address (P.O. Box Number is Not Acceptable): 555 S Federal Hwy Ste 370
City: Boca Raton FL Zip Code: 33432

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: [signature] (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 3-24-06

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	P	☐ Delete
NAME	KAYE, BONNIE S	
STREET ADDRESS	12716 NW 18TH PLACE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	MD	☐ Delete
NAME	KAYE, JON A	
STREET ADDRESS	12716 NW 18TH PLACE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 3-24-06 Daytime Phone #