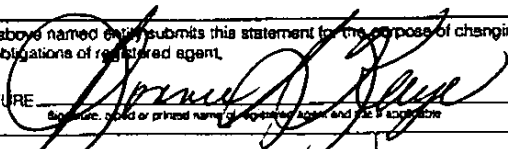
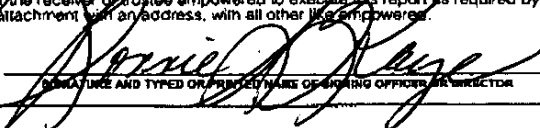


FILED
Mar 29, 2006 8:00 am
Secretary of State

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 1515 N FEDERAL HWY 204 BOCA RATON, FL 33432		Mailing Address 1515 N FEDERAL HWY 204 BOCA RATON, FL 33432	
2. Principal Place of Business 555 S Federal Hwy Ste 370 Boca Raton FL 33432 USA		3. Mailing Address 555 S Federal Hwy Ste 370 Boca Raton FL 33432 USA	
4. FEI Number 65-0678848		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		02272006 Chg-P CR2E034 (11/05)	
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 Kaye, Bonnie S 555 S Federal Hwy Ste 370 Boca Raton FL 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  DATE 3-24-06 (NOTE: Registered Agent signature required when reappointing)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KAYE, BONNIE S 12716 NW 18TH PLACE CORAL SPRINGS, FL 33071 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD KAYE, JON A 12716 NW 18TH PLACE CORAL SPRINGS, FL 33071 ☐ 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
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: 		Date 3-24-06 Daytime Phone #	