2005 FOR PROFIT CORPORATION

FILED 08:00 AM

ANNUAL KEPUKI					Mar 21, 2005 08:00			
	MENT # P98000035		}	Se	cretary	of State		
	1. Entity Name LARRY VERSHEL COMMUNICATIONS, INC.							
629 EXECUT	ce of Business TIVE DR RK, FL 32789	Mailing Address 629 EXECUTIVE DR WINTER PARK, FL 32789				III Shine Cisi Bura and the		
E	OO NOT WRITE		CE	03072005 4. FEI Numb 59-350		CR2E034 (10	/03) Applied For Not Applicable Additional	
6. Name and Address of Current Registered Agent BREWERTON, JOHN L III,PA 250 N. ORANGE AVE.,PENTHOUSE STE. ORLANDO, FL 32801					NOT W			
8. The above the obligat	e named entity submits this statement for t	në purpose of changing its register	red office or register	red agent, or bo	oth, in the State of Flo	orida. I am familiar	with, and accept	
SIGNATURE.	Signature, typed of printed name of registered agent and	STATE Declaration	ed Agent signature required	Luhan minakatian		DATE	 	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	ncing _ \$5.	.00 May Be		DATE	- [(m,, ')		
10.	OFFICERS AND DI	RECTORS				Desir · · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VERSHEL, LAURENCE		<u> </u>		ווווווווווווווווווווווווווווווווווווווו	 7271392	·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAYAN, ELIZABETH C 661 ANTOINETT ST DELTONA, FL 32725				—03/21/05	-Ann 46-00s	150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		IN	THIS SF	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							÷	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ি কেন্দ্ৰিক প্ৰতিয়াত কুনি চাৰ্কতিক ১০০১ চন্দ্ৰ প্ৰতিয়াত কোনিক			···		<u></u>		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Exuato Chayan Elizabeth C. Payan SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-14-05

407-644-4142

Davtime Phone #