2005 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Apr 14, 2005 08:00 AM Secretary of State DOCUMENT # P99000066451 1. Entity Name ADVANCED GLOBAL COMMUNICATIONS, INC. Principal Place of Business Mailing Address 420 LEXINGTON AVENUE **420 LEXINGTON AVENUE SUITE 2739 SUITE 2739** NEW YORK, NY 10170 NEW YORK, NY 10170 04082005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 58-2486173 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JONATHAN J. LICHTMAN, P.A. DO NOT WRITE 120 E PALMETTO PARK RD SUITE 100 IN THIS SPACE BOCA RATON, FL 33432-0000 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME DANSON, WAYNE STREET ADDRESS 420 LEXINGTON AVE, STE 2739 U00000306087 CITY-ST-ZIP NEW YORK, NY 10170 04/14/05-80111-022 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). 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 the like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Davtime Phone 1