2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT **FILED** Jan 20, 2004 08:00 AM **DOCUMENT # P99000089252** 1. Entity Name **Secretary of State** COMMUNICATION DEVELOPMENT SERVICES, INC. Principal Place of Business Mailing Address 224 DATURA ST. 224 DATURA ST. **SUITE 1008 SUITE 1008** WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 CR2E034 (10/03) 01152004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0953232 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FELTON, DAVID C DO NOT WRITE 211 WESTMINTER RD WEST PALM BEACH, FL 33405 IN THIS SPACE 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 reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE FELTON, DAVID C NAME STREET ADDRESS 211 WESTMINSTER RD UD0000007764 CITY-ST-7IP WEST PALM BEACH, FL 33405 01/20/04-80038-005 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-04 561-514 400

Date Daysme