2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000089252

1. Entity Name

COMMUNICATION DEVELOPMENT SERVICES, INC.



FILED Jan 14, 2008 08:00 A Secretary of State

Principal Place of Business

224 DATURA ST.

SUITE 1008

WEST PALM BEACH, FL 33401

Mailing Address

224 DATURA ST.

SUITE 1008

WEST PALM BEACH, FL 33401



01112008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0953232 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FELTON, DAVID C

) NOT WRITE

211 WESTMINTER RD WEST PALM BEACH, FL 33405			IN THIS SPACE			
	ions of registered agent.				th, in the State of Florida. I am familiar with, and acc	ept
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000782346 01/15/08-80071-012 150.00	İ
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FELTON, DAVID C 211 WESTMINSTER RD WEST PALM BEACH, FL 33405		,	-		
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ¹	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR