


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90022 015 \*\*\*150.00

<b>DOCUMENT # S63940</b>		
1. Entity Name PHONE INTERACTIVE COMMUNICATIONS CORP.		

40010087



Principal Place of Business 600 SOUTH DIXIE HWY SUITE 102 BOCA RATON, FL 33432 US	Mailing Address 600 SOUTH DIXIE HWY SUITE 102 BOCA RATON, FL 33432 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01282005 Chg-P CR2E034 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 65-0268866	Applied For Not Applicable
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6. Name and Address of Current Registered Agent KEMP, PHILLIP 600 SO. DIXIE HWY SUITE 102 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name <u>Pruden, James</u> Street Address (P.O. Box Number is Not Acceptable) <u>980 North Federal Hwy</u> <u>Suite 404</u> City <u>Boca Raton</u> FL <u>33432</u>	
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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 <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>1/28/2005</u> (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMP, PHILLIP 600 SO. DIXIE HWY, SUITE 102 BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAXL, KURT 600 SO. DIXIE HWY, SUITE 102 BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <u>Phillip Kemp</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>1/28/2005</u> Date	DAYTIME PHONE # <u>561-391-9686</u> Daytime Phone #
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