

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # S93133

1. Entity Name
COMMSPECTRUM, INC.



Principal Place of Business

**634 NE 7TH
BOYNTON BEACH, FL 33435 US**

Mailing Address

**634 NE 7TH
BOYNTON BEACH, FL 33435 US**

DO NOT WRITE IN THIS SPACE



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0300893

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DONOVAN, JAMES J
3830 JOG RD
LAKE WORTH, FL 33467**

**DO NOT WRITE
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's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000507485
04/27/06-80067-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAMBRECHT, FRANK
STREET ADDRESS	634 NE 7TH AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 Apr 2006

561-997-0722

Date

Daytime Phone #