2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000631

Entity Name: MY TEL CO COMMUNICATIONS, INC.

FILED Apr 22, 2009 Secretary of State

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445 HAMILTON AVENUE 445 HAMILTON AVENUE

SUITE 408 SUITE 408

WHITE PLAINS, NY 10601 WHITE PLAINS, NY 10601 US

Current Mailing Address: New Mailing Address:

3100 CUMBERLAND BLVD 3100 CUMBERLAND BOULEVARD SUITE 900

SUITE 900

ATLANTA, GA 30339 ATLANTA, GA 30339 US

FEI Number: 04-3685042 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FREEMAN, PATRICK 13275 W. ĆOLONIAL DRIVE WINTER GARDEN, FL 34787 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

GRIFFO, KEVIN Name: Name: GRIFFO, KEVIN

445 HAMILTON AVENUE STE 408 445 HAMILTON AVENUE, SUITE 408 Address: Address: City-St-Zip: WHITE PLAINS, NY 10601 City-St-Zip: WHITE PLAINS, NY 10601 US

Title: S/D (X) Change () Addition Title: () Delete

Name: MINELLA, WESLY Name: MINELLA, WESLY

445 HAMILTON AVENUE SUITE 408 445 HAMILTON AVENUE, SUITE 408 Address: Address: WHITE PLAINS, NY 10601 WHITE PLAINS, NY 10601 US City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: () Delete

DUPRE, JOEL VERRA, GANDOLFO Name: Name:

445 HAMILTON AVENUE STE 408 445 HAMILTON AVENUE, SUITE 408 Address: Address: City-St-Zip: WHITE PLAINS, NY 10601 City-St-Zip: WHITE PLAINS, NY 10601 US

Title: () Delete Title: (X) Change () Addition

GANDOLFO, VERRA DUPRE, JOEL Name: Name: Address: 445 HAMILTON AVE STE 408 Address: 445 HAMILTON AVENUE, SUITE 408

City-St-Zip: WHITE PLAINS, NY 10601 City-St-Zip: WHITE PLAINS, NY 10601 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN DUGGAN - ATTORNEY IN FACT AIF 04/22/2009