


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90086 008 ***158.75

DOCUMENT # K11341			
1. Entity Name TELECOM SOLUTIONS, INC.			
Principal Place of Business 333 FALKENBURG ROAD SUITE F-503 TAMPA FL 33619 US		Mailing Address 333 FALKENBURG ROAD SUITE E-503 TAMPA FL 33619 US	
2. Principal Place of Business 715 US HWY 92 WEST Suite, Apt. #, etc.		3. Mailing Address 715 US HWY 92 WEST Suite, Apt. #, etc.	
City & State SEFFNER, FL		City & State SEFFNER, FL	
Zip 33584-3513	Country USA	Zip 33584-3513	Country USA
4. FEI Number 59-2941665		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent TOY, RONALD W 333 FALKENBURG RD. SUITE E-503 TAMPA FL 33619		7. Name and Address of New Registered Agent Name: Toy, Ronald W Street Address (P.O. Box Number is Not Acceptable): 715 US HWY 92 WEST City: SEFFNER, FL Zip Code: 33584-3513	
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: <i>Ronald W. Toy</i> Signature, typed or printed name of registered agent and title if applicable.		President (Ronald W. Toy) 2-13-2006 (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P <input type="checkbox"/> Delete	NAME: TOY, RONALD W.	TITLE: P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Toy, Ronald W
STREET ADDRESS: 333 FALKENBURG ROAD SUITE E-503	CITY-ST-ZIP: TAMPA FL	STREET ADDRESS: 715 US HWY 92 WEST	CITY-ST-ZIP: SEFFNER, FL 33584-3513
TITLE: VP <input type="checkbox"/> Delete	NAME: TOY, MARTHA J	TITLE: VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Toy, MARTHA J
STREET ADDRESS: 333 FALKENBERG ROAD SUITE E-503	CITY-ST-ZIP: TAMPA FL 33619	STREET ADDRESS: 715 US HWY 92 WEST	CITY-ST-ZIP: SEFFNER, FL 33584-3513
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Ronald W. Toy</i>		Ronald W. Toy 2-13-2006 (813) 684-3585	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	