2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #K11341

1. Entity Name TELECOM SOLUTIONS, INC.

FILED Jan 16, 2008 08:00 AN Secretary of State

Principal Place of Business

715 US HWY 92 WEST SEFFNER, FL 33584-3513 US Mailing Address

715 US HWY 92 WEST SEFFNER, FL 33584-3513 US



DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-2941665 Not Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

TOY, RONALD W 715 US HWY 92 WEST SEFFNER, FL 33584-3513

SIGNATURE:

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 appropriate (NOTE: Registered Agent signature required when reinstating) DATE					
1 100008786558					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	01/17/08-80045-010 158.75
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOY, RONALD W. 715 US HWY 92 WEST SEFFNER, FL 335843513				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOY, MARTHA J 715 US HWY 92 WEST SEFFNER, FL 335843513				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN "	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZiP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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.					