2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 09, 2005 08:00 AM Secretary of State DOCUMENT # P02000022543 1. Entity Name EXECUTEL, INC. Principal Place of Business Mailing Address 8711 SHADOW WOOD BLVD. 2700 WEST ATLANTIC BLVD. SUITE 200-16 SUITE 107 POMPANO BEACH, FL 33012 CORAL SPRINGS, FL 33071 05022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0715192 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARMONA, DANIEL DO NOT WRITE 8711 SHADOW WOOD BLVD. SUITE 107 IN THIS SPACE CORAL SPRINGS, FL 33071 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. (NOTE, Registered Agent signature required when reinstating) ¥ 150.00 FILE NOW!!! FEE 18-\$550.00 9. Election Campaign Financing \$5.00 May Be <u> U</u>QOOQO365044 Trust Fund Contribution. Added to Fees Due by September 7, 2005 05/09/05-80019-007 ISO.00 OFFICERS AND DIRECTORS 10. TITLE CARMONA, DANIEL NAME STREET ADDRESS 8711 SHADOW WOOD BLVD. CITY-ST-ZIP CORAL SPRINGS, FL 33071 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED