2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2006 8:00 am Secretary of State DOCUMENT # P05000046560 05-01-2006 90361 025 ***150.00 011 TELLECOMMUNICATIONS, INC. Principal Place of Business Mailing Address 40010106 P. O. BOX 771 P. O. BOX 771 GONZALEZ, FL 32560 GONZALEZ, FL 32560 2. Principal Place of Business 3. Mailing Address P.O. BOK 367568 P.O.BOX 36756B Suite, Apt. #, etc. Suite, Apt. #, etc. 04252006 Chq-P CR2E034 (11/05) City & State Bon: +a City & State 4. FEI Number Applied For 20-258 1615 Springs, FL Bonita Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Carlos E. Bravo SEARS, M. ANN Street Address (P.O. Box Number is Not Acceptable) 6160 N. DAVIS HWY., SUITE 8 Coimbra La PENSACOLA, FL 32504 City Bonita Springs Zip Code 3 4 13 5 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 register SIGNATURE. Signature, typed d agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President Addition TITLE Delete TITLE ☐ Change NAME NAME vesa J. Jarvisto STREET ADDRESS STREET ADDRESS 11153 Coimbra Ln Bonita Springs - FL - 34135 CITY-ST-ZIP CITY-ST-ZIP VICE President TITLE ☐ Delete TITLE ☐ Change Addition Socorro I. Bravo NAME NAME 11153 Coimbra Ln STREET ADDRESS STREET ADDRESS CITY-ST-7IP Bonita Springs - FL-34135 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. SIGNATURE:

FILED