2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 19, 2008 8:00 am Secretary of State DOCUMENT # P05000054332 1. Entity Name 02-19-2008 90027 038 ***150.00 BREC TELECOM, INC. Principal Place of Business Mailing Address 31956 NORTHRIDGE DR. 31956 NORTHRIDGE DRIVE WESLEY CHAPEL, FL 33544 US WESLEY CHAPEL, FL 33544 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02122008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 35-2252276 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OLLWEILER, ROBERT 922 PINELLAS BAYWAY SOUTH Street Address (P.O. Box Number is Not Acceptable) TIERRE VERDE, FL 33715 Zip Code FL 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 applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete Addition DITE TITLE Change WIESE, CHRISTOPHER NAME WIESE, ERIN NAME 31956 NORTHRIDGE DR 31956 Northridge Or. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL, FL 33544 CITY-ST-7IP wesley chapel, FL 33544 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME: NAME -STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TIT: F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME 1,17 NAME STREET ADDRESS STREET ADDRESS

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12. Thereby certify that the information supplied with this filing 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.

CITY-ST-ZIP

CICNIATURE.

Grinhliese 2

2/10/08