2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005
Secretary of State

DOCUMENT# P93000011967

Entity Name: AUDITEL, INC.

Current Principal Place of Business:

1040 FULLERS CROSS RD
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

P.O. BOX 560506
MONTVERDE, FL 34756 US

Current Mailing Address:

1040 FULLERS CROSS ROAD
WINTER GARDEN, FL 34787 US

New Mailing Address:

P.O. BOX 560506
MONTVERDE, FL 34756 US

FEI Number: 59-3165865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLEMENTS, BARBARA S.
1040 FULLERS CROSS ROAD
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

CLEMENTS, BARBARA S.
P.O. BOX 560506
MONTVERDE, FL 34756 US

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.

SIGNATURE: _____ 04/08/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CLEMENTS, BARBARA S.
Address: 1040 FULLERS CROSS ROAD
City-St-Zip: WINTER GARDEN, FL 34787 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CLEMENTS, BARBARA S.
Address: P.O. BOX 560506
City-St-Zip: MONTVERDE, FL 34756 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA S. CLEMENTS D 04/08/2005
Electronic Signature of Signing Officer or Director — Date