2005 FOR PROFIT CORPORATION

FILED . ANNUAL REPORT Jan 24, 2005 08:00 AM Secretary of State **DOCUMENT # 506952** 1. Entity Name SOUTHWEST TELEPHONE COMPANY Principal Place of Business Mailing Address 5571 HUNTER BLVD. 5571 HUNTER BLVD., STE. B SUITE B NAPLES, FL 34116-5504 US NAPLES, FL 34116-5504 US CR2E034 (10/03) 01182005 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 59-1680840 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent STANFORD, GEORGE E. DO NOT WRITE 5571 HUNTER BLVD. #C NAPLES, FL 34116 IN THIS SPACE 3. 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 tide if applicable. (NOTE: Registered Agent signature regulared when prinstaling) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ST TITLE MCLAIN, DEBRA A. NAME STREET ADDRESS 5571 HUNTER BLVD #B 11000000191499 01/24/05-80175-016 158.75 CITY-ST-ZIP NAPLES, FL 341165504 TITLE COBB, BERTRAND E. NAME STREET ADDRESS 5571 HUNTER BLVD. #8 CITY-ST-ZIP NAPLES, FL 341165504 VP DDE NAME STANFORD, GEORGE E. 5571 HUNTER BLVD, #B STREET ADDRESS DO NOT WRITE CITY-ST-ZIP NAPLES, FL 341165504 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-51-ZP Title

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.

SIGNATURE: @

STREET ADDRESS CITY-ST-ZIP

C OFFICER OF DIRECTOR