2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2006 08:00 AM Secretary of State **DOCUMENT # 574316** D & L TELECOMMUNICATIONS, INC. Mailing Address Principal Place of Business 3430 NE 6TH TERR P.O. BOX 50171 POMPANO BEACH, FL 33064 LIGHTHOUSE POINT, FL 33074 04082006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1821265 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHORR, STEPHEN A ESQ DO NOT WRITE 625 NE 3RD AVENUE FT LAUDERDALE, FL 33304 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution, Added to Fees 04/26/06-80069-013 150.00 OFFICERS AND DIRECTORS 10. TITLE SMITH, DONALD R NAME 3430 NE 6TH TERR STREET ADDRESS POMPANO BEACH, FL 33064 CITY-ST-ZIP TITLE GAZDAYKA, WALTER NAME 3430 NE 6TH TERR STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33064 -NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE

IN THIS SPACE

FILED

I hereby certify that the information supplied with this filling does not quality 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: .

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR