


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 574316**  
 1. Entity Name  
**D & L TELECOMMUNICATIONS, INC.**



Principal Place of Business      Mailing Address  
**3430 NE 6TH TERR**      **P.O. BOX 50177**  
**POMPANO BEACH, FL 33064**      **LIGHTHOUSE POINT, FL 33074**

**DO NOT WRITE IN THIS SPACE**



04082006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-1821265**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SCHORR, STEPHEN A ESQ**  
**625 NE 3RD AVENUE**  
**FT LAUDERDALE, FL 33304**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

00000004355  
 04/26/06-80069-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, DONALD R 3430 NE 6TH TERR POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAZDAYKA, WALTER 3430 NE 6TH TERR POMPANO BEACH, FL 33064
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby 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.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/06      954-941-7332  
 Date      Daytime Phone #