


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90056 035 \*\*\*150.00

<b>DOCUMENT # F01000001333</b>	
1. Entity Name <b>SAGE TELECOM, INC.</b>	

Principal Place of Business <b>805 CENTRAL EXPRESSWAY, SUITE 100 ALLEN, TX 75013-2789</b>	Mailing Address <b>805 CENTRAL EXPRESSWAY, SUITE 100 ALLEN, TX 75013-2789</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
05162007	Chg-P CR2E034 (12/06)
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>	
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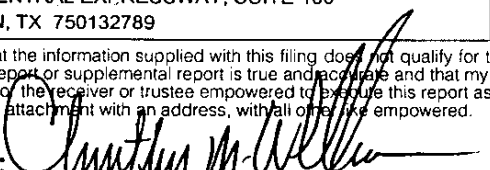
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, TERRY <input checked="" type="checkbox"/> Delete 805 CENTRAL EXPRESSWAY, SUITE 100 ALLEN, TX 750132789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO WILLIAMS, CHRISTOPHER M <input type="checkbox"/> Delete 805 CENTRAL EXPRESSWAY, SUITE 100 ALLEN, TX 750132789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIMNICH, JERRY L <input checked="" type="checkbox"/> Delete 805 CENTRAL EXPRESSWAY, SUITE 100 ALLEN, TX 750132789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARKSON, RUSSELL L <input checked="" type="checkbox"/> Delete 805 CENTRAL EXPRESSWAY SO STE 100 ALLEN, TX 75013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KENNEDY, JAMES E JR. <input checked="" type="checkbox"/> Delete 805 CENTRAL EXPRESSWAY, SUITE 100 ALLEN, TX 750132789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, JOE <input checked="" type="checkbox"/> Delete 805 CENTRAL EXPRESSWAY, SUITE 100 ALLEN, TX 750132789

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information empowered.	
SIGNATURE:  <b>Christopher M Williams</b>	Date <b>5/17/07</b> Daytime Phone # <b>(214) 495-4700</b>