

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000499

Entity Name: AFFINITY TELECOM, INC.

FILED
Feb 27, 2006
Secretary of State

Current Principal Place of Business:

4745 WALNUT STREET, SUITE 300
BOULDER, CO 80301

New Principal Place of Business:

Current Mailing Address:

4745 WALNUT STREET, SUITE 300
BOULDER, CO 80301

New Mailing Address:

FEI Number: 84-1610404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STONE, RUSSELL A
Address: 2724 WEST 119TH AVENUE
City-St-Zip: WESTMINSTER, CO 80234

Title: ST () Delete
Name: TWIFORD, MARLANE K
Address: 1932 RED CLOUD RD
City-St-Zip: LONGMONT, CO 80501

Title: PCD () Delete
Name: CHERNOW, FRED
Address: 4745 WALNUT ST, SUITE 300
City-St-Zip: BOULDER, CO 80301

Title: VPD () Delete
Name: GARRISON, GARY A
Address: 4745 WALNUT ST., SUITE 300
City-St-Zip: BOULDER, CO 80301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARLANE TWIFORD

ST

02/27/2006

Electronic Signature of Signing Officer or Director

_____ Date