

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90031 028 ***550.00

DOCUMENT # F02000001864 1. Entity Name NECC TELECOM, INC.					
Principal Place of Business 1209 WINDMILL LANE JEFFERSON VILLE, IN 47130			Mailing Address 1607 E. BIG BEAVER RD., STE 250 TROY, MI 48083		
2. Principal Place of Business - No P.O. Box # 1230 Liberty Bank Lane		3. Mailing Address 3100 Cumberland Boulevard			
Suite, Apt. #, etc. Suite 320		Suite, Apt. #, etc. Suite 900			
City & State Louisville KY		City & State Atlanta GA		4. FEI Number 30-0025116	
Zip 40222		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POPA, DANIEL 1209 WINDMILL LANE JEFFERSON VILLE, IN 47130		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D Popa, Daniel 1230 Liberty Bank Lane, Suite 320 Louisville, KY 40222	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  DANIEL POPA CEO 5/10/2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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