

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003446

FILED
Mar 16, 2007
Secretary of State

Entity Name: VELOCITEL, INC.

Current Principal Place of Business:

18071 FITCH AVENUE, SUITE 200
IRVINE, CA 92614

New Principal Place of Business:

Current Mailing Address:

18071 FITCH AVENUE, SUITE 200
IRVINE, CA 92614

New Mailing Address:

FEI Number: 91-1941195 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANEVIC, LAURA
3819 SW 61ST AVE.
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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

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: PAUL HAGAN, ASSISTANT SECRETARY

03/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROY JAIN, PANKAJ
Address: ONE WACKER DR., SUITE 4800
City-St-Zip: CHICAGO, IL 60606

Title: T () Delete
Name: CHIOTTI, STEVE
Address: 18071 FITCH AVENUE, SUITE 200
City-St-Zip: IRVINE, CA 92614

Title: PD () Delete
Name: ESTES, JAMES R
Address: 18071 FITCH AVE, SUITE 200
City-St-Zip: IRVINE, CA 92614

Title: D () Delete
Name: STEIN, AVY H
Address: ONE WACKER DR, SUITE 4800
City-St-Zip: CHICAGO, IL 60606

Title: D () Delete
Name: FROETSCHER, ROBERT C
Address: ONE WACKER DR, SUITE 4800
City-St-Zip: CHICAGO, IL 60606

Title: D () Delete
Name: BLAKE, RONALD L
Address: 2 NORTH RIVERSIDE PLAZA, SUITE 950
City-St-Zip: CHICAGO, IL 60606

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:

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: STEVE CHIOTTI

T

03/16/2007

Electronic Signature of Signing Officer or Director

Date