


**2008 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**FILED**

**08 APR 25 AM 11:53**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

<b>DOCUMENT # F02000003446</b>					
1. Entity Name <b>VELOCITEL, INC.</b>					
Principal Place of Business <b>18071 FITCH AVENUE, SUITE 200 IRVINE, CA 92614</b>			Mailing Address <b>18071 FITCH AVENUE, SUITE 200 IRVINE, CA 92614</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>91-1941195</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>BOEHM, CHRISTOPHER G</b>	NAME	<b>WILLIAM PANCK</b>		
STREET ADDRESS	<b>ONE WACKER DR., SUITE 4800</b>	STREET ADDRESS	<b>18071 FITCH AVENUE, SUITE 200</b>		
CITY-ST-ZIP	<b>CHICAGO, IL 60606</b>	CITY-ST-ZIP	<b>IRVINE, CA 92614</b>		
TITLE	T <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>CHIOTTI, STEVE</b>	NAME	<b>DAN SOUTHWICK</b>		
STREET ADDRESS	<b>18071 FITCH AVENUE, SUITE 200</b>	STREET ADDRESS	<b>18071 FITCH AVENUE, SUITE 200</b>		
CITY-ST-ZIP	<b>IRVINE, CA 92614</b>	CITY-ST-ZIP	<b>IRVINE, CA 92614</b>		
TITLE	PD <input type="checkbox"/> Delete	TITLE			
NAME	<b>ESTES, JAMES R</b>	NAME			
STREET ADDRESS	<b>18071 FITCH AVE, SUITE 200</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>IRVINE, CA 92614</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	<b>STEIN, AVY H</b>	NAME			
STREET ADDRESS	<b>ONE WACKER DR, SUITE 4800</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>CHICAGO, IL 60606</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	<b>FROETSCHER, ROBERT C</b>	NAME			
STREET ADDRESS	<b>ONE WACKER DR, SUITE 4800</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>CHICAGO, IL 60606</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	<b>BLAKE, RONALD L</b>	NAME			
STREET ADDRESS	<b>2 NORTH RIVERSIDE PLAZA, SUITE 950</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>CHICAGO, IL 60606</b>	CITY-ST-ZIP			
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: 		STEVE CHIOTTI		4/22/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				949-809-4999	
				Daytime Phone #	