# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 15, 2007 8:00 am**
**Secretary of State**
05-15-2007 90005 001 ***150.00

DOCUMENT # F03000000631

1. Entity Name
My Tel Co, Inc.

4011375U

04162007 Chg-P CR2E034 (12/06)

| Principal Place of Business | Mailing Address |
|---|---|
| 13275 W. COLONIAL DRIVE<br>WINTER GARDEN, FL 34787 | 445 HAMILTON AVENUE<br>SUITE 408<br>WHITE PLAINS, NY 10601 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| **445 Hamilton Avenue** | **3100 Cumberland Boulevard** |
| Suite, Apt. #, etc.: **Suite 408** | Suite, Apt. #, etc.: **Suite 900** |
| City & State: **White Plains NY** | City & State: **Atlanta GA** |
| Zip: **10601** Country: **USA** | Zip: **30339** Country: **USA** |

4. FEI Number: 04-3685042 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, PATRICK
13275 W. COLONIAL DRIVE
WINTER GARDEN, FL 34787

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

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | PD<br>FREEMAN, PATRICK<br>13275 W. COLONIAL DRIVE<br>WINTER GARDEN, FL 34787 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | **P / D**<br>**Kevin Griffo**<br>**445 Hamilton Avenue, Suite 408**<br>**White Plains, NY 10601** | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>MINELLA, WESLY<br>445 HAMILTON AVENUE SUITE 408<br>WHITE PLAINS, NY 10601 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | **D**<br>**Joel Dupre**<br>**445 Hamilton Avenue, Suite 408**<br>**White Plains, NY 10601** | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** M _____ 4/20/07 914-948-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #