
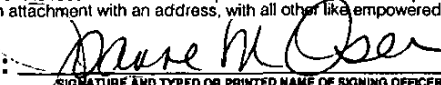


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90013 035 ***150.00

DOCUMENT # F03000001524 1. Entity Name TELECOM ENTERPRISES OF MISSISSIPPI, INC.					
Principal Place of Business 5675 HWY 90 WEST, SUITE A MILTON, FL 32583			Mailing Address 2025 SHADY CREST DRIVE BIRMINGHAM, AL 35216-5417		
2. Principal Place of Business 4869 WEST SPENCERFIELD RD.		3. Mailing Address Suite, Apt. #, etc.			
City & State PACE, FL		City & State Suite, Apt. #, etc.		4. FEI Number 64-0771803	
Zip 32571		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOMEY, SCOTT 5675 HWY 90 WEST, SUITE A MILTON, FL 32583				7. Name and Address of New Registered Agent Name TOMEY, SCOTT (no change) Street Address (P.O. Box Number is Not Acceptable) 4869 WEST SPENCERFIELD RD. City PACE FL Zip Code 32571	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	CP OSER, THOMAS J 2025 SHADY CREST DRIVE BIRMINGHAM, AL 35216 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS OSER, JOANNE M 2025 SHADY CREST DRIVE BIRMINGHAM, AL 35216 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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: 			3-8-06 205-823-4798		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		