


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # F03000003942

1. Entity Name
 DELTEL, INC.



Principal Place of Business
 27071 ALISO CREEK RD SUITE 150
 ALISO VIEJO, CA 92656

Mailing Address
 135 N CHURCH ST
 STE 4
 KALAMAZOO, MI 49007

2. Principal Place of Business - No P.O. Box #
 25531 Commercentre Drive STE 250

3. Mailing Address
 3100 Cumberland Blvd. STE 900

Suite, Apt #, etc.

City & State
 Lake Forest, CA


City & State
 Atlanta, GA

Zip
 92630

Country

Zip
 30135

Country



04092008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

TCS CORPORATE SERVICES, INC.
 515 EAST PARK AVE.
 TALLAHASSEE, FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PCSD WALDFOGEL, KIRK 27071 ALISO CREEK RD STE 150 ALISO VIEJO, CA 92656 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000911375 05/07/08-80036-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WELSH, IAN 27071 ALISO CREEK RD STE 150 ALISO VIEJO, CA 92656 <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	VO HUFF, ROBERT G 27071 ALISO CREEK RD STE 150 ALISO VIEJO, CA 92656 <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 file empowered.

SIGNATURE: James Willis 4/16/08 770-936-7525
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #