


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000005746 1. Entity Name SWAYZEE TELEPHONE COMPANY BROADBAND INC.	
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Principal Place of Business 214 S. WASHINGTON ST. SWAYZEE, IN 46986-0070	Mailing Address PO BOX 70 SWAYZEE, IN 46986-0070
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DO NOT WRITE IN THIS SPACE

04112007 No Chg-P CR2E034 (11/05)

4. FEI Number 35-1893769	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TROVILLION, JAYE 6322 LITHIA PINECREST RD LITHIA, FL 33547	DO NOT WRITE IN THIS SPACE
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT SAMUELS, SAM PO BOX 70 SWAYZEE, IN 469860070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TROVILLION, JAY PO BOX 70 SWAYZEE, IN 469860070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SAMUELS, CAROL PO BOX 70 SWAYZEE, IN 469860070
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04/26/07-80019-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Sam M. Samuels 4/11/07 765-932-7916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #