

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001647

FILED
Feb 15, 2006
Secretary of State

Entity Name: PINNACLE PAYPHONE CORPORATION

Current Principal Place of Business:

1669 WEST 130TH ST.
#2-2
HINCKLEY, OH 44233

New Principal Place of Business:

1515 WEST 130TH ST.
F
HINCKLEY, OH 44233

Current Mailing Address:

PO BOX 490
SHORON CENTER, OH 44274

New Mailing Address:

PO BOX 490
SHARON CENTER, OH 44274

FEI Number: 51-0498469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: HIGGINS, MARK
Address: 153 TAYLOR JAMES BLVD
City-St-Zip: WADSWORTH, OH 44281

Title: VPT () Delete
Name: TWISS, THOMAS
Address: PO BOX 351 39 EAST MAIN ST
City-St-Zip: NEW ALBANY, OH 43054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK HIGGINS

PRES

02/15/2006

Electronic Signature of Signing Officer or Director

Date