2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000001750

1. *Entity Name*
INCODE TELECOM GROUP, INC.

Principal Place of Business
9645 SCRANTON RD., SUITE 110
SAN DIEGO, CA 92121

Mailing Address
9645 SCRANTON RD., SUITE 110
SAN DIEGO, CA 92121

04112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
77-0486039
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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: _____
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000555348
05/16/06-80030-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DONOVAN, JOHN
STREET ADDRESS	9645 SCRANTON RD., SUITE 110
CITY-ST-ZIP	SAN DIEGO, CA 92121
TITLE	D
NAME	LAFORGE, PERRY
STREET ADDRESS	650 TOWN CENTER DRIVE, #850
CITY-ST-ZIP	COSTA MESA, CA 92626
TITLE	D
NAME	LEONE, DOUG
STREET ADDRESS	3000 SANDHILL ROAD, BLDG. 4, #280
CITY-ST-ZIP	MENLO PARK, CA 94025
TITLE	D
NAME	DREW, JOHN
STREET ADDRESS	1215 INSBROOK DR.
CITY-ST-ZIP	SUNNYVALE, CA 94089
TITLE	D
NAME	KINGMAN, EDWARD
STREET ADDRESS	13500 HADDONFIELD
CITY-ST-ZIP	DARNESTOWN, MD 20878
TITLE	D
NAME	MCQUILLAN, KEVIN J
STREET ADDRESS	525 UNIVERSITY AVE, ST E 1400
CITY-ST-ZIP	PALO ALTO, CA 94301

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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: _____ VP/CFO April 14, 2006 858-550-11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #