2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F04000001971

1. Entity Name

SD&Á TELESERVICES, INC.

Principal Place of Business

101 CONTINENTAL BLVD.

SUITE 400 EL SEGUNDO, CA 90245 Mailing Address

101 CONTINENTAL BLVD., SUITE 400

SUITE 400

EL SEGUNDO, CA 90245

FILED Aug 30, 2006 08:00 Al Secretary of State



08212006

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0883414

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD.

#221E

PALM BEACH GARDENS, FL 33410

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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 Due by September 6, 2006

Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

	de by coptember o, 2000		
10.	OFFICERS AND DIREC	CTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, DONALD F 1293 PEACHTREE ST. NE #300 ATLANTA, GA 30309		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERZ, STEPHEN P 1293 PEACHTREE ST. NE #300 ATLANTA, GA 30309		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAPICH, PAUL S 101 CONTINENTAL BLVD., STE. 400 EL SEGUNDO, CA 90245		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHEIR, TOM 101 CONTINENTAL BLVD., STE. 400 EL SEGUNDO, CA 90245		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATANABE MURRAY, NANCY 101 CONTINENTAL BLVD., STE. 400 EL SEGUNDO, CA 90245		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOYCE, MARIANNE 101 CONTINENTAL BLVD., STE. 400 EL SEGUNDO, CA 90245		

U00000575616 08/30/06-80001-002 150.00

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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

106 30 760-017

Daytime Phone #