

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002910

FILED  
Jan 31, 2006  
Secretary of State

Entity Name: AMERICAN TELECHARGE, INC.

**Current Principal Place of Business:**

24 WINDING WAY, SUITE ONE  
MULLICA HILL, NJ 08062

**New Principal Place of Business:**

**Current Mailing Address:**

24 WINDING WAY, SUITE ONE  
MULLICA HILL, NJ 08062

**New Mailing Address:**

FEI Number: 22-2922389

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FERRELLI, LINDA  
1250 TENNIS PLACE  
COURT A-33  
SANIBEL, FL 33957 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: CPDS ( ) Delete  
Name: FERRELLI, WILLIAM E  
Address: 24 WINDING WAY, SUITE ONE  
City-St-Zip: MULLICA HILL, NJ 08062

Title: VCVP ( ) Delete  
Name: SMITH, CHRISTINE L  
Address: 24 WINDING WAY, SUITE ONE  
City-St-Zip: MULLICA HILL, NJ 08062

Title: T ( ) Delete  
Name: SMITH, CHRISTINE L  
Address: 24 WINDING WAY, SUITE ONE  
City-St-Zip: MULLICA HILL, NJ 08062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: WILLIAM E. FERRELLI

CPDS

01/31/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date