2006 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

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FILED Aug 02, 2006 08:00 Al Secretary of State

DOCUMENT # F05000005726 1. Entity Name NYTEK TELECOM INC.			Secretary of Sta			
Principal Place of Business 2524 CHATHAM CIRCLE KISSIMMEE, FL 34746	Mailing Address 2524 CHATHAM CIRCLE KISSIMMEE, FL 34746					
DO NOT WRITE I	N THIS SPA	CE	08012006 4. FEI Numb 20-328	No Chg-P Der 32428	No.	olied For Applicable
6. Name and Address of Current Reg KENNEDY, NIGEL 2524 CHATHAM CIRCLE KISSIMMEE, FL 34746	DO NOT WRITE IN THIS SPACE					
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 little if applicable. (NOTE! Registered Agent agents required when reinstating) DATE						
FILE NOWIII FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Fin Trust Fund Contribution		+-	.00 May Be led to Fees	In accordance wit corporation did no	h s. 607.193(2)(b), Fot receive the prior n	S., the otice.
TITLE CPS NAME KENNEDY, NIGEL STREET ADDRESS 2524 CHATHAM CIRCLE CITY-ST-ZIP KISSIMMEE, FL 34746	ECTORS			00000057 08/02/06-80	73211 0007-012 150	. 00
TITLE VP NAME KENNEDY, MICHELE STREET ADDRESS 2524 CHATHAM CIRCLE CITY-ST-ZIP KISSIMMEE, FL 34746	000000573211 08/02/06-80007-013 8.75					

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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 BIGNING OFFICER OR DIRECTOR

Daylene Phone #