


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90025 024 \*\*\*150.00

<b>DOCUMENT # F93000003487</b> 1. Entity Name <b>TELCO COMMUNICATIONS GROUP, INCORPORATED</b>					
Principal Place of Business <b>1600 VICEROY DRIVE DALLAS, TX 75231-2306 US</b>			Mailing Address <b>1600 VICEROY DRIVE DALLAS, TX 75231-2306 US</b>		
2. Principal Place of Business <b>2440 Marsh Lane</b> Suite, Apt. #, etc.			3. Mailing Address <b>2440 Marsh Lane</b> Suite, Apt. #, etc.		
City & State <b>Carrollton TX</b>			City & State <b>Carrollton, TX</b>		
Zip <b>75006</b>	Country <b>USA</b>	Zip <b>75006</b>	Country <b>USA</b>	4. FEI Number <b>54-1674283</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MITCHELL, A. JOE JR</b> <b>1600 VICEROY DRIVE</b> <b>DALLAS, TX 75235</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Timothy A. Biggio</b> <b>2440 Marsh Lane</b> <b>Carrollton, TX 75006</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>HOPPMAN, MICHAEL G</b> <b>1600 VICEROY DRIVE</b> <b>DALLAS, TX 75235</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T, CFO</b> <b>KJ Alzamora</b> <b>2440 Marsh Lane</b> <b>Carrollton, TX 75006</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MITCHELL, CONNIE F</b> <b>1600 VICEROY DRIVE</b> <b>DALLAS, TX 75235</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CRO, COO</b> <b>Joe D'Angelo</b> <b>2440 Marsh Lane</b> <b>Carrollton, TX 75006</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>HUGHES, RON L</b> <b>1600 VICEROY DR.</b> <b>DALLAS, TX 75235</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, CEO, D</b> <b>Michael G. Hoffman</b> <b>2440 Marsh Lane</b> <b>Carrollton, TX 75006</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>DRENNAN, MELISSA A</b> <b>1600 VICEROY DRIVE</b> <b>DALLAS, TX 75235</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>Melissa A. Drennan</b> <b>2440 Marsh Lane</b> <b>Carrollton, TX 75006</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>HEALEA, ROBERT J</b> <b>236 EAST CAPITAL STREET, 6TH</b> <b>JACKSON, MS 39201</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Tim Biggio</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Timothy A. Biggio, Secretary</b>			1/18/2005 Date		
			972-478-3332 Daytime Phone #		

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