

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90007 048 ***150.00

DOCUMENT # F94000002264



1. Entity Name
 TELECORP PRODUCTS, INC.

Principal Place of Business Mailing Address
 2000 EAST OAKLEY PARK ROAD 2000 EAST OAKLEY PARK ROAD
 STE 101 STE 101
 WALLED LAKE, MI 48390-1501 US WALLED LAKE, MI 48390-1501 US

50023603



2. Principal Place of Business 3. Mailing Address
 Suite, Apt., #, etc. Suite, Apt., #, etc.

07052006 Chg-P CR2E034 (11/05)

City & State City & State 4. FEI Number Applied For
 38-2554392 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
 C T CORPORATION SYSTEM Name
 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable)
 PLANTATION, FL 33324 City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. 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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M. SCOTT MACCANNELL	NAME	
STREET ADDRESS	5 HASTINGS DR.	STREET ADDRESS	
CITY-ST-ZIP	UNIONVILLE, ON	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, JIM	NAME	
STREET ADDRESS	285 ATTON DR.	STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON, ON	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Cathy J. Reynolds, Asst. Controller Date: 2006-07-31 Daytime Phone #: 248-960-6637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

62650
 2006-7/31