

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004479

FILED
Apr 25, 2006
Secretary of State

Entity Name: TOUCH 1 COMMUNICATIONS, INC.

Current Principal Place of Business:

100 BROOKWOOD DRIVE
ATMORE, AL 36502

New Principal Place of Business:

Current Mailing Address:

601 S. HARBOUR ISLAND BLVD
#220/ ATTN:TORA NEIL
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 63-1125463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DP () Delete
Name: SLAUSON, MICHAEL
Address: 100 BROOKWOOD RD
City-St-Zip: ATMORE, AL 36502

Title: DV () Delete
Name: GRILLO, FRANK M
Address: 100 BROOKWOOD ROAD
City-St-Zip: ATMORE, AL 36502

Title: AT () Delete
Name: PENNINGTON, RUSSELL A
Address: 100 BROOKWOOD ROAD
City-St-Zip: ATMORE, AL 36502

Title: D/T () Delete
Name: DAVIS, HORACE J
Address: 100 BROOKWOOD ROAD
City-St-Zip: ATMORE, AL 33602

Title: AS () Delete
Name: NEIL, VICTORIA
Address: 601 S. HARBOUR ISLAND, STE. 220
City-St-Zip: POMPANO BEACH, FL 33062

Title: S () Delete
Name: GRAHAM, ANDREW L
Address: 601 S HARBOUR ISLAND BLVD
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: LINES, JOHN K
Address: 100 BROOKWOOD ROAD
City-St-Zip: ATMORE, AL 36502

Title: T (X) Change () Addition
Name: MOISE, JR., EDWARD D
Address: 100 BROOKWOOD ROAD
City-St-Zip: ATMORE, AL 36502

Title: D/VP (X) Change () Addition
Name: DAVIS, HORACE J
Address: 100 BROOKWOOD ROAD
City-St-Zip: ATMORE, AL 33602

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: VICTORIA A. NEIL

AS

04/25/2006

Electronic Signature of Signing Officer or Director

Date