

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 07, 2007 08:00 A
Secretary of State**

DOCUMENT # F95000000483 1. Entity Name TELEGATION, INC.	
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Principal Place of Business 3250 BIG BEAVER RD SUITE 429 TROY, MI 48084 US	Mailing Address 3250 BIG BEAVER RD SUITE 429 TROY, MI 48084 US
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07062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1677628	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BLANTON, EDWIN F 810 THOMASVILLE ROAD TALLAHASSEE, FL 32303	DO NOT WRITE IN THIS SPACE
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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 file if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

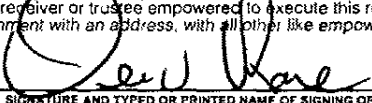
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDST RAUE, DENNIS 3250 BIG BEAVER ROAD, SUITE 429 TROY, MI
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:  Dennis V Raue President 8-31-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #