

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90148 004 \*\*\*150.00

|   |   |
|---|---|
| DOCUMENT # F95000003722<br>1. Entity Name<br>TELEMANAGEMENT RESOURCES, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>3415 KEYSTONE RD<br>TARPON SPRINGS, FL 34689 US<br>34688 | Mailing Address<br>3415 KEYSTONE RD<br>TARPON SPRINGS, FL 34689 US<br>34688 |
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04102006 No Chg-P CR2E034 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>36-3744501                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

ELLIOTT, DAVID  
 3415 KEYSTONE RD  
 TARPON SPRINGS, FL 34689

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DCPT<br>ELLIOTT, LINDA<br>1024 HAGEN DR<br>NEW PORT RICHEY, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DCVS<br>ELLIOTT, DAVID<br>1024 HAGEN DR<br>NEW PORT RICHEY, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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: *Linda Elliott* 4/13/06 727-945-9300x226  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #