2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2007
Secretary of State

DOCUMENT# F95000003722

Entity Name: TELEMANAGEMENT RESOURCES, INC.

Current Principal Place of Business:

3415 KEYSTONE RD
TARPON SPRINGS, FL 34688 US

New Principal Place of Business:

1024 HAGEN DR.
TRINITY, FL 34655 US

Current Mailing Address:

3415 KEYSTONE RD
TARPON SPRINGS, FL 34688 US

New Mailing Address:

1024 HAGEN DR
TRINITY, FL 34655 US

FEI Number: 36-3744501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELLIOTT, DAVID
3415 KEYSTONE RD
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

ELLIOTT, DAVID
1024 HAGEN DR
TRINITY FL, FL 34655 US

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: DAVID A ELLIOTT 07/03/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DCPT ( ) Delete
Name: ELLIOTT, LINDA
Address: 1024 HAGEN DR
City-St-Zip: NEW PORT RICHEY, FL

Title: DCVS ( ) Delete
Name: ELLIOTT, DAVID
Address: 1024 HAGEN DR
City-St-Zip: NEW PORT RICHEY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCPT (X) Change ( ) Addition
Name: ELLIOTT, LINDA
Address: 1024 HAGEN DR
City-St-Zip: TRINITY, FL 34655 US

Title: DCVS (X) Change ( ) Addition
Name: ELLIOTT, DAVID
Address: 1024 HAGEN DR
City-St-Zip: TRINITY, FL 34655 US

I hereby certify that the information supplied with this filing does not qualify 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: LINDA A ELLIOTT DCPT 07/03/2007
Electronic Signature of Signing Officer or Director Date