
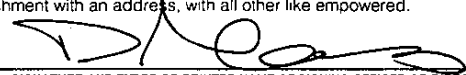


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90306 022 ***150.00

DOCUMENT # F95000004467 1. Entity Name SRT TELECOMMUNICATIONS LIMITED CORPORATION					
Principal Place of Business 600 NORTH PINE ISLAND ROAD, STE. 150 PLANTATION, FL 33324			Mailing Address 600 NORTH PINE ISLAND ROAD, STE. 150 PLANTATION, FL 33324		
2. Principal Place of Business 3350 SW 148th Ave		3. Mailing Address 3350 SW 148th Ave.			
Suite, Apt. #, etc. Suite 110		Suite, Apt. #, etc. Suite 110			
City & State Miramar, FL		City & State Miramar, FL			
Zip 33027		Country USA		Zip 33027	
Country USA		4. FEI Number 84-1318046			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ST-ARNAUD, PIERRE 600 NORTH PINE ISLAND ROAD, STE. 150 PLANTATION, FL 33324 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3350 SW 148th Ave., Suite 110 Miramar, FL 33027	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ADAMS, DAVID L 600 NORTH PINE ISLAND ROAD, STE. 150 PLANTATION, FL 33324 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3350 SW 148th Ave., Suite 110 Miramar, FL 33027	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BYRNE, THOMAS F 8 KING STREET EAST, STE. 1600 TORONTO ONTARIO CANADA. <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Feb. 3, 2005 (54)3354035 <div style="display: flex; justify-content: space-between;"> Date Daytime Phone # </div>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					