


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

40000000

2. Principal Place of Business
3350 SW 148th Ave
Suite, Apt. #, etc.
Suite 110
City & State
Miramar, FL
Zip
33027
Country
USA

3. Mailing Address
3350 SW 148th Ave.
Suite, Apt. #, etc.
Suite 110
City & State
Miramar, FL
Zip
33027
Country
USA



02012005 Chg-P CR2E034 (10/03)

4. FEI Number
84-1318046

Applied For
 Not Applicable

5. Certificate of Status Desired \$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 FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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 <input type="checkbox"/> Delete	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 <input type="checkbox"/> Delete	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. <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 19.07(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: [Signature] Date: Feb. 3, 2005 Daytime Phone #: (574) 335-4035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR