

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)

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

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

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
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
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] Feb. 3, 2005 (574) 335-4035  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #