
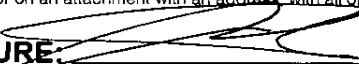


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**  
**Dec 05, 2008 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT # F96000001526</b> 1. Entity Name GOVERNMENT TELECOMMUNICATIONS, INC.					
Principal Place of Business 4500 SOUTHGATE PLACE SUITE 300 CHANTILLY, VA 20151 US			Mailing Address 4500 SOUTHGATE PLACE SUITE 300 CHANTILLY, VA 20151 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>52-1467966</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
- 6. Name and Address of Current Registered Agent -  LANGSFORD, KAY E C/O APPLIED DIGITAL SOLUTIONS, INC. 1690 SOUTH CONGRESS AVE, SUITE 200 DELRAY BEACH, FL 33445				7. Name and Address of New Registered Agent Name <b>CT Corporation System</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b> City <b>Plantation</b> <b>FL</b> Zip Code <b>33324</b>	
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 30%;">           SIGNATURE   <small>Signature, type or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <b>Judith B. Argao</b>  <b>Asst. Secretary &amp; V. President</b> </div> <div style="width: 20%; text-align: right;"> <b>11/17/08</b>  <small>DATE</small> </div> </div> <div style="text-align: center; margin-top: 5px;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PATTON, RICHARD</b> <b>4500 SOUTHGATE PL STE 300</b> <b>CHANTILLY, VA 201511720</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C.E.O.</b> <b>Victor Loh</b> <b>27131 Calle Arroyo, Suite 1705</b> <b>San Juan Capistrano, CA 92675</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP S</b> <b>LANGSFORD, KAY E</b> <b>1690 SOUTH CONGRESS AVE SUITE 200</b> <b>DELRAY BEACH, FL 33445</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900137571269</b> <b>11/03/08--01003--007 **\$61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP T</b> <b>BREECE, LORRAINE</b> <b>1690 SOUTH CONGRESS AVE., SUITE 200</b> <b>DELRAY BEACH, FL 33445</b>	<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	<b>D</b> <b>LANGSFORD, KAY E</b> <b>1690 SOUTH CONGRESS AVE STE 200</b> <b>DELRAY BEACH, FL 33445</b>	<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	<b>P</b> <b>WOOD, STEPHEN K</b> <b>4500 SOUTHGATE PL STE 300</b> <b>CHANTILLY, VA 201511720</b>	<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 <div style="text-align: right; font-size: 1.5em;">2012/5</div>	
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: 			<b>Victor Loh</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			<b>703-631-5155</b> <small>Date Daytime Phone #</small>		