2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000006028

1. Entity Name
TELCO PARTNERS, INC.



FILED Jan 22, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

470 NORRISTOWN RD., SUITE 201 BLUE BELL, PA 19422 US

135 N CHURCH ST STE 4 KALAMAZOO, MI 49007

US



DO NOT WRITE IN THIS SPACE

01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 23-2862770

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLANTON, EDWIN F 810 THOMASVILLE ROAD TALLAHASSEE, FL 32303

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	named entity submits this statement for the pions of registered agent.	urpose of changing its regi	stered office or re	egistered agent, or b	oth, in the State of Florida. I am familiar with, and	accep
SIGNATURE	Signature, typed or printed name of registered agent and title it	applicable (NOTE: Reg	nstered Agent signature	required when reinstating)	DATE	
FIL After Ma	E NOWI!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees	U00000595301 01/23/07-80034-805 150.00	
0. OFFICERS AND DIRECTORS						
TITLE NAME Street address City-St-Zip	PDT MILLER, BONNIE P. 470 NORRISTOWN RD, SUITE 201 BLUE BELL, PA 19422					v.
ITLE NAME Street address City-St-Zip	DS SCARDINO, GASPER 470 NORRISTOWN RD., SUITE 201 BLUE BELL, PA 19422					
TITLE				•		

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12. Thereby 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 of supplier entail 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 of 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 attackment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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