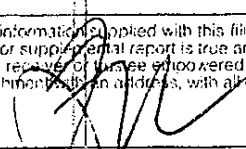


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90033 027 ***150.00

DOCUMENT # F96000006028			
1. Entity Name TELCO PARTNERS, INC.			
Principal Place of Business 470 NORRISTOWN RD., SUITE 201 BLUE BELL, PA 19422 US		Mailing Address 135 N CHURCH ST STE 4 KALAMAZOO, MI 49007 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 107 W Michigan Ave 4th Fl	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Kalamazoo MI	
Zip	Country	Zip 49007	Country
6. Name and Address of Current Registered Agent BLANTON, EDWIN F 810 THOMASVILLE ROAD TALLAHASSEE, FL 32303		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 _____ Signature, typed or printed name of registered agent and title if applicable. (Do Not Registered Agent Signature Below as it is not a requirement) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PDT MILLER, BONNIE P. 470 NORRISTOWN RD, SUITE 201 BLUE BELL, PA 19422 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT Frank Scardino 470 Norristown Rd, Ste 201, Blue Bell PA 19422 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCARDINO, GASPER 470 NORRISTOWN RD., SUITE 201 BLUE BELL, PA 19422 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 authorized 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: 		Frank Scardino	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		610-834-1860	