2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H01979

FILED Mar 14, 2007 Secretary of State

Entity Name: TELEPHONE SUPPORT SYSTEMS OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 6310-1 TECHSTER BLVD 6310-1 TECHSTER BLVD FORT MYERS, FL 33912 US FORT MYERS, FL 33966-471 US **Current Mailing Address: New Mailing Address:** 6310-1 TECHSTER BLVD 6310-1 TECHSTER BLVD FORT MYERS, FL 33912 US FORT MYERS, FL 33966-471 US FEI Number: 59-2411756 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: ANDREWS, ALBERT W MR WAUGH, LILLIAN A 6310-1 TECHSTER BLVD 6310-1 TECHSTER BOULEVARD US FORT MYERS, FL 33912 FORT MYERS, FL 33966-471 US 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. SIGNATURE: LILLIAN A. WAUGH 03/14/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition COLEMAN, HAZEL MS COLEMAN, HAZEL MS Name: Name: 4306 15TH STREET WEST 4306 15TH STREET WEST Address: Address: City-St-Zip: LEHIGH, FL 33971 City-St-Zip: LEHIGH, FL 33971 Title: Title: () Delete () Change () Addition Name: FULTON, A N Name: 11658 TIMBERLINE CIRCLE Address: Address: FT MYERS, FL 33912 City-St-Zip: City-St-Zip: () Change (X) Addition Title: () Delete Title: VP-D BRAST, JAMES J Name: Name: 3575 FIELDVIEW AVENUE Address Address: City-St-Zip: City-St-Zip: WEST BLOOMFIELD, MI 48324 Title: () Delete Title: () Change (X) Addition WAUGH, LILLIAN A Name: Name: Address: Address: 1457 CHARMONT PLACE City-St-Zip: City-St-Zip: FORT MYERS, FL 33919 Title: Title: () Change (X) Addition () Delete ROTH, RANDALL G Name: Name: Address: Address: 5806 KING JAMES LANE City-St-Zip: City-St-Zip: WATERFORD, MI 48327

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIAN A. WAUGH ST 03/14/2007