## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H29918

FILED Apr 10, 2006 Secretary of State

Entity Name: BUSINESS TELEPHONE SYSTEMS / P C INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:			
6805 GULF PANAMA (	F DRIVE CITY, FL 324086	3117					
Current Mailing Address:			New Mailing Address:				
P O BOX 1 PANAMA (	782 DITY, FL 32402	US					
FEI Number:	59-2479018	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Des	sired ( )	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
509 HÁRR	SSELL M CPA ISON AVE 2ND DITY, FL 32401						
	named entity su of Florida.	bmits this statement for the p	urpose of changing i	ts registered o	office or registered age	nt, or both,	
SIGNATUF	RE:						
	Electronic	Signature of Registered Age	ent	Date			
Election Can	npaign Financing T	rust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () D GROVES, IRA E., 4133 RUSSELL L PANAMA CITY, FL	ANE	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	( ) D	elete	Title: Name: Address: City-St-Zip:	GROVES, SHA 4133 RUSSEL	) Change (X) Addition ARON C PRESIDE L LANE , FL 32404 US		

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: SHARON COLBERT GROVES PRES 04/10/2006