2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 02, 2007 08:00 AM **Secretary of State** DOCUMENT # H58863 1. Entity Name TEAM TELECOM, INC. Principal Place of Business Mailing Address 2478 POST PLANT ROAD 2478 POST PLANT ROAD ONA, FL 33865 US ONA, FL 33865 US 01312007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2544600 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALDRON EUGENE E JR DO NOT WRITE 124 NORTH BREVARD AVE ARCADIA, FL 33821 IN THIS SPACE 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 Sonature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 **\$5.00** May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ENGLISH, JERRELL PAUL NAME STREET ADDRESS 2478 POST PLANT RD CITY-ST-ZIP ONA, FL 33865 U00000617541 02/07/07-80077-020 150.00 TITLE NAME ENGLISH, MARGIE SUSAN 2478 POST PLANT ROAD STREET ADDRESS CITY-ST-7IP ONA, FL 33865 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 807, 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED