2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# J69143

Entity Name: GL TELE-CONNECT SERVICES, INC.

Current Principal Place of Business:

6536-5 BEACH BLVD
P. O. BOX 10875
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10875
P. O. BOX 10875
JACKSONVILLE, FL 32247 US

New Mailing Address:

FEI Number: 59-2795756 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUNSFORD, NOEL F.
1630 RYAR ROAD
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LUNSFORD, NOEL F.,
Address: 1630 RYAR ROAD
City-St-Zip: JACKSONVILLE, FL

Title: ST ( ) Delete
Name: LUNSFORD, SUSAN J.,
Address: 1630 RYAR ROAD
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: LOWE, TERENCE,
Address: 23 MAFEKING RD.
City-St-Zip: WALDERSLADE KENT, ENG,

Title: D ( ) Delete
Name: LOWE, ANNE,
Address: 23 MAFEKING RD
City-St-Zip: WALDERSLADE KENT, ENG,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SUSAN J LUNSFORD ST 04/25/2005

Electronic Signature of Signing Officer or Director — Date