

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K17747

Entity Name: DATATELCOM, INC.

FILED
Mar 23, 2006
Secretary of State

Current Principal Place of Business:

17850 NE 5TH AVE.
MIAMI, FL 33162

New Principal Place of Business:

17848 NE 5TH AVE.
MIAMI, FL 33162

Current Mailing Address:

17850 NE 5TH AVE.
MIAMI, FL 33162

New Mailing Address:

FEI Number: 65-0061283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELMS, L WADE
C/O EDD HELMS GROUP, INC.
17850 N.E. 5TH AVENUE
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

HELMS, WADE
C/O EDD HELMS GROUP, INC.
17850 N.E. 5TH AVENUE
MIAMI, FL 33162 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: WADE HELMS

03/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HELMS, W. EDD, JR,
Address: 17848 NE 5 AVE
City-St-Zip: MIAMI, FL

Title: VP/D () Delete
Name: WADE HELMS,
Address: 17850 NE 5 AVENUE
City-St-Zip: MIAMI, FL 33162

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPSD (X) Change () Addition
Name: HELMS, WADE
Address: 17850 NE 5 AVE
City-St-Zip: MIAMI, FL 33162

Title: CFO (X) Change () Addition
Name: GOODSON, DEAN
Address: 17850 NE 5 AVENUE
City-St-Zip: MIAMI, FL 33162

Title: PD () Change (X) Addition
Name: HELMS, EDD
Address: 17850 NE 5 AVENUE
City-St-Zip: MIAMI, FL 33162

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: WADE HELMS

VPSD

03/23/2006

Electronic Signature of Signing Officer or Director

Date