

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90264 030 ***150.00

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1. Entity Name
TELECOM WAREHOUSE CORP.



Principal Place of Business
**2633 SPANISH RIVER RD
BOCA RATON, FL 33432 US**

Mailing Address
**2633 SPANISH RIVER RD
BOCA RATON, FL 33432 US**



03062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0133161	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FROST, IRWIN M.
1111 BRICKELL AVENUE
STE 2050
MIAMI, FL 33131

BURRELL M. Wiggins
2633 SPANISH RIVER RD
BOCA RATON, FL 33432

**DO NOT WRITE
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 Burrell M. Wiggins BURRELL M. Wiggins 3-8-06
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required for reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WIGGINS, BURRELL M.
STREET ADDRESS	2633 SPANISH RIVER RD.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	WIGGINS, COLLEEN G.
STREET ADDRESS	2633 SPANISH RIVER RD.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	WIGGINS, B. MICHAEL
STREET ADDRESS	5190 LEITNER DR. EAST
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	D
NAME	WIGGINS, PAMELA C.
STREET ADDRESS	5190 LEITNER DR. EAST
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	D
NAME	WATT, MICHELLE W
STREET ADDRESS	13338 MANDARIN RD
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 607, 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: Burrell M. Wiggins 3-8-06 561-367-9250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #