2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# L51276

Entity Name: PERFORMANCE TELECOM, INC.

Current Principal Place of Business:

611 CENTRAL PARK DR
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

611 CENTRAL PARK DR
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 59-2994864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BISCHOFF, LONNY R
611 CENTRAL PK DR
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

BISCHOFF, LONNY R
611 CENTRAL PARK DR
SANFORD, FL 32771 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: _____ 03/23/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: STRINI-BISCHOFF, TAMARA
Address: 3244 NIGHT BREEZE LN
City-St-Zip: LAKE MARY, FL 32746

Title: S ( ) Delete
Name: BISCHOFF, LINDA M
Address: 6097 FEATHER LN
City-St-Zip: SANFORD, FL 327716653

Title: TP ( ) Delete
Name: BISCHOFF, LONNY
Address: 3244 NIGHT BREEZE LN
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: STRINI-BISCHOFF, TAMARA
Address: 3244 NIGHT BREEZE LN
City-St-Zip: LAKE MARY, FL 32746

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

Title: VPT (X) Change ( ) Addition
Name: BISCHOFF, LONNY
Address: 3244 NIGHT BREEZE LN
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify 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: TAMARA STRINI BISCHOFF P 03/23/2009
Electronic Signature of Signing Officer or Director — Date