2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002444

Entity Name: STRAIGHT TALK, INC.

FILED May 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 166 N. UNIVERSITY DRIVE PEMBROKE PINES, FL 33024 **Current Mailing Address: New Mailing Address:** 166 N. UNIVERSITY DRIVE PEMBROKE PINES, FL 33024 FEI Number: 20-2609915 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PURI, JASMINE DEVI PURI, JASMINE DEVI 1433 SW 119TH AVE 5420 NW 11TH ST. PEMBROKE PINES, FL 33025 US LAUDERHILL, FL 33313 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: JASMINE DEVI PURI 05/01/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete PURI, JASMINE DEVI PURI, JASMINE DEVI Name: Name: 1433 SW 119TH AVE. Address: 5420 NW 11TH ST Address: City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: LAUDERHILL, FL 33313 Title: () Delete Title: () Change () Addition DELLA VECCHIA, ALLISON Name: Name: Address: 5700 MOUNTAIN TRL Address: City-St-Zip: SNOW CAMP, NC 27349 City-St-Zip: Title: () Delete Title: () Change () Addition CARTER, DARLENE Name: Name: Address: 11107 RISING MIST BLVD Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: () Delete Title: () Change () Addition Name: VARGAS, DIANE Name: Address: 3200 NE 9TH AVE Address: City-St-Zip: POMPNAO BEACH, FL 33064 City-St-Zip: Title: Title: () Delete () Change () Addition WALLEN, MONIQUE Name: Name: 1188 NW 40TH AVE - # 214 Address: Address: City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASMINE DEVI PURI P 05/01/2007