2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT						FILED Apr 18, 2006 8:00 am Secretary of State			
DOCUMENT # N05000010334 1. Entity Name TELECOM GARDENS OFFICE PARK, INC.							cretary of 18-2006 90091 002		
Principal Plac 320 W. KENN TAMPA, FL	NEDY BLVD., STE. 200	320	Mailing Address 320 W. KENNEDY BLVD., STE. 200 TAMPA, FL 33606-1467				50013		INTIN'I GET I DEPI
2. Principal Place of Business			ing Address						
Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.			04062006 Ch	g-NP CR2E0	37 (11/05)	
City & State	e	Cit	City & State			4. FEI Number	- NUCUAD	► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ►	pplied For
Zip	Country	Zip)	Country		5. Certificate of Sta	<u>ゲータインターフス</u> atus Desired	\$8.75 Ad	
	6. Name and Address of Currer	nt Registere	d Agent	l		<u></u>	ress of New Registered	Fee Require	ed
LANGFORD, E.C.									
1715 W. C TAMPA, FI	LEVELAND ST. 33606			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
		City				Zip Coo	de		
9 The shows	named entity submits this statement	for the purp	oso of changing its		agistor	red accent or both in t	FL	•	
10.	Filing Fee is \$61.25 Due by May 1; 2006 OFFICERS AND I	DIRECTORS	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Make chec Florida Depar	tment of S	State
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MULLER, ERIC 320 W. KENNEDY BLVD., STE TAMPA, FL 336061467		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV DIAZ, DEL 320 W. KENNEDY BLVD., STE TAMPA, FL 336061467	. 200	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FERRI, PETER 320 W. KENNEDY BLVD., STE TAMPA, FL 336061467	. 200	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	C Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AGUILAR, ADA 320 W. KENNEDY BLVD., STE TAMPA, FL 336061467	. 200	🗋 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TIFLE NAME STREET ADDRESS CITY - ST - ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	Change	Addition
indicated	certify that the information supplied we on this report or supplemental report poration or the receiver or trustee em or on an attachment with ar address TURE:	t is true and a powered to with all oth	accurate and that r execute this report er like empowered	ny signature shall ha as required by Char	ve the ster 617	same legal effect as if 7. Florida Statutes; and	f made under oath; that t	am an office n Block 10 c	r or director or Block 11 if