2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000035167

Entity Name: EXETEL, INC.

FILED Mar 29, 2005 Secretary of State

LAKEMARY, FL 32746 1201 ALTAMONTE SPRINGS, FL 32714 FEI Number: 59-3638037 FEI Number Applied For () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DESAI, MILAN 335 SHRIVER CIRCLE LAKEMARY, FL 32746 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: D () Delete Name: DESAI, MILAN Name: DESAI, PRAGNA Name: Address: 935 SHRIVER CIRCLE Title: () Change () Addition Name: Address: 935 SHRIVER CIRCLE Title: () Change () Addition Name: Address: 935 SHRIVER CIRCLE Title: () Change () Addition Name: Address: 935 SHRIVER CIRCLE Address: 935 SHRIVER CIRCLE Address:						
LAKEMARY, FL 32746 Current Mailing Address: New Mailing Address: 331 N STATE ROAD ROAD 434 1201 ALTAMONTE SPRINGS, FL 32714 FEI Number: 59-3638037 FEI Number Applied For () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name: Address: () Change () Addition Name: Address:	Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
Current Mailing Address: New Mailing Address: 931 N STATE ROAD ROAD 434 1201 ALTAMONTE SPRINGS, FL 32714 FEI Number: 59-3638037 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: DESAI, MILAN 3935 SHRIVER CIRCLE LAKEMARY, FL 32746 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: Electronic Signature of Registered Agent Date () Change () Addition Name: Address: Others Address: Others Address: Others Agent Age						
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	Title: Name: Address: City-St-Zip:	DESAI, PRAGNA 935 SHRIVER C	N IRCLE	Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MILAN D DESAI D 03/29/2005