2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 05, 2007 8:00 am
Secretary of State
07-05-2007 90061 029 ***150.00

DOCUMENT # P00000063672

1. Entity Name
CELLTEL USA, INC.

Principal Place of Business	Mailing Address
1606 PARSONS AVE, S. SEFFNER FL 33584	1606 PARSONS AVE, S. SEFFNER FL 33584

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	311 HARTS OAK PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State SEFFNER, FL
Zip / Country	Zip 33584 / Country Hillsborough

4. FEI Number 59-3655183 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KULANGARA, GEORGE 1606 PARSONS AVE., S SEFFNER FL 33584	Name KULANGARA GEORGE Street Address (P.O. Box Number is Not Acceptable) 311 HARTS OAK PL City SEFFNER FL Zip Code 33584

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 George Kulangara 6/29/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PSTD KILANGARA, GEORGE J 311 HARTS OAK PL. SEFFNER FL 33584	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP KULANGARA, JOSEPH 311 HARTS OAK PL. SEFFNER FL 33584	☐ 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	☐ Change ☐ Addition
TITLE 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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: George Kulangara 06/29/07 813-4532224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

Dear Sirs 40122972 06/29/07

Sub: Annual Report # P 000000063672

I am a small business operator working seven days, twelve hours per day. I also travel a lot to be with my family. My mail is being collected by an employee and he misplaced the letter received from the state for renewal.

I humbly request you to excuse me ~~for~~ this time as I can not afford the higher fee. Please also change the mailing address.

Thanking you

Yours sincerely

George Kulangara