

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000108895

Entity Name: T-CELLULAR, INC.

FILED
Mar 30, 2007
Secretary of State

Current Principal Place of Business:

12157 W LINEBAUGH AVENUE
SUITE 401
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

12157 W LINEBAUGH AVENUE
SUITE 401
TAMPA, FL 33626

New Mailing Address:

FEI Number: 59-3754978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMPSON, GORDON T
12157 W LINEBAUGH AVENUE
SUITE 401
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: SIMPSON, GORDON T
Address: 12157 W LINEBAUGH AVENUE #401
City-St-Zip: TAMPA, FL 33626

Title: VP () Delete
Name: KIRDASSI, SAMAR A
Address: 12157 W LINEBAUGH AVENUE #401
City-St-Zip: TAMPA, FL 33626

Title: S () Delete
Name: SIMPSON, JULIE K
Address: 12157 W LINEBAUGH AVENUE #401
City-St-Zip: TAMPA, FL 33626

Title: T () Delete
Name: ABDEL-FATTAH, DANA
Address: 12157 W LINEBAUGH AVE. #401
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: G. TROY SIMPSON

P

03/30/2007

Electronic Signature of Signing Officer or Director

Date