2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000034773

1. Entity Name

TELÉCOM REGULATORY SERVICES, INC.



FILED Feb 20, 2006 08:00 AN **Secretary of State**

Principal Place of Business

803 E. WASHINGTON STREET TAMPA, FL 33602

Mailing Address

803 E. WASHINGTON STREET TAMPA, FL 33602



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

02012006 No Chg-P CR2E034 (11/05)

03-0433004 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

4. FEI Number

Fee Required

Applied For

MENARD, JOHN S 803 E. WASHINGTON ST. TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida. I am famillar with, and accept
SIGNATURE	Signature, lyped or printed name of registered egent and title it	applicable (NOTE Registered	i Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET AODRESS CITY-ST-ZIP	P MENARD, JOHN S 803 E. WASHINGTON ST. TAMPA, FL 33602				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MENARD, BEVERLY Y _ 803 E. WASHINGTON ST. TAMPA, FL 33602	· -			U00U00442474 03/04/06-80018-025 150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN T	THIS SPACE
RITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby (certify that the information supplied with this fi	ling does not qualify for the exe	emptions cor	tained in Chapter 119	9, 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:	Beveren y Menard	Beverly Y. Menard	2/17/06	813-229-3100
0.0	SIGNATURE AND TYPED OR PRINTED NAME OF SIGN	ING OFFICER OR DIRECTOR	Date	Daylime Phone #