

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000106990

Entity Name: MD TALKNET, INC.

FILED  
Jan 06, 2005  
Secretary of State

## Current Principal Place of Business:

301 W. PLATT ST., #301  
TAMPA, FL 33606

## New Principal Place of Business:

## Current Mailing Address:

301 W. PLATT ST., #301  
TAMPA, FL 33606

## New Mailing Address:

FEI Number: 16-1621217      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HEALD, MICHAEL  
400 HARBOUR PLACE DR #1465  
TAMPA, FL 33602 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: D ( ) Delete  
Name: PADRON, SERGIO  
Address: 8850 SW 83RD AVE.  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: HEALD, MICHAEL W  
Address: 400 HARBOUR PLACE #1465  
City-St-Zip: TAMPA, FL 33602

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D ( ) Change (X) Addition  
Name: TOM, LEE  
Address: 1122 ASTER AVENUE, #B  
City-St-Zip: SUNNYVALE, CA 94086

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: MICHAEL HEALD

D

01/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date