

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000107072

Entity Name: MBL TELECOM SERVICES, INC.

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

402 C.R. 168
ATHENS, TN 37303

New Principal Place of Business:

Current Mailing Address:

402 C.R. 168
ATHENS, TN 37303

New Mailing Address:

FEI Number: 75-3084305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNN, SUSAN CPA
4175 US 1 STE 102
ROCKLEDGE, FL 32955 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: CEO () Delete
Name: LAWSON, MARK
Address: 1254 WATER LILY LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: LAWSON, SUSAN
Address: 1254 WATER LILY LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: LAWSON, LEAH
Address: 1254 WATER LILY LANE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LAWSON, MARK
Address: 402 COUNTY ROAD 168
City-St-Zip: ATHENS, TN 37303

Title: DVST (X) Change () Addition
Name: LAWSON, SUSAN
Address: 402 COUNTY ROAD 168
City-St-Zip: ATHENS, TN 37303

Title: D (X) Change () Addition
Name: LAWSON, LEAH
Address: 262 S. MAGNOLIA AVE.
City-St-Zip: MELBOURNE, FL 32935

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: MARK LAWSON

DP

04/25/2006

Electronic Signature of Signing Officer or Director

Date