2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000010863

Entity Name: TEL-EXPLORER, INC.

REUTIMANN, LINDA L

2226 FENTRESS CT.

SPRING HILL, FL 34609

Name:

Address: City-St-Zip: FILED Feb 22, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 20484 YONTZ ROAD BROOKSVILLE, FL 34601 **Current Mailing Address: New Mailing Address:** P.O. BOX 15006 BROOKSVILLE, FL 34604 FEI Number: 37-1457047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOGAN LAW FIRM 20 SOUTH BROAD STREET BROOKSVILLE, FL 34601 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD () Delete Title: () Change () Addition MOORE, CHRISTINE H Name: Name: 20484 YONTZ ROAD Address: Address: City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: () Delete Title: **VPD** Title: VPD (X) Change () Addition Name: TERRELL, JUSTIN D Name: TERRELL, JUSTIN D 1071 CANDLELIGHT BLVD. 22355 LACROSS STREET Address: Address: BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34601 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTINE H. MOORE PSTD 02/22/2008