2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 11, 2008 08:00 AN **DOCUMENT # P03000034316 Secretary of State** 1. Entity Name NO-TELL INC. Mailing Address Principal Place of Business 8425 46TH AVE. 8425 46TH AVE. BOX 700463 BOX 700463 WABASSO, FL 32970 US WABASSO, FL 32970 No Chg-P CR2E034 (11/05) 01072008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1158246 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAPT. CHARLIE FORNABIO DO NOT WRITE 8425 46TH AVE. WABASSO, FL 32970 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TILLE NAME FORNABIO, CHARLIE CAPT. 8425 46TH AVE/BOX 100463 STREET ADDRESS 01/11/08-80044-005 150.00 CITY-ST-ZIP WABASSO, FL 32970 TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS DO NOT WRITE -CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 subtlee 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 attachm

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