2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066985

Entity Name: TELEPHONE SUPPLY, INC.

FILED Apr 30, 2008 Secretary of State

Durrent Principal Place of Business: New Principal Place of Busines	t Principal Place of Business:	New Principal Place of Busines
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615 SW SWEETBREEZE DRIVE 5400 CANVASBACK DRIVE LAKE CITY, FL 32024 US MIMS, FL 32754 US

Current Mailing Address: New Mailing Address:

615 SW SWEETBREEZE DRIVE 5400 CANVASBACK DRIVE LAKE CITY, FL 32024 US MIMS, FL 32754 US

FEI Number: 43-2049457 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:

PONS, KATHERINE J
615 SW SWEETBREEZE DRIVE
LAKE CITY, FL 32024 US

PONS, KATHERINE J
5400 CANVASBACK DRIVE
MIMS, FL 32754 US

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: 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: PONS, KATHERINE J Name: PONS, KATHERINE J

 Address:
 615 SW SWEETBREEZE DRIVE
 Address:
 5400 CANVASBACK DRIVE

 City-St-Zip:
 LAKE CITY, FL 32024 US
 City-St-Zip:
 MIMS, FL 32754 US

 Name:
 PONS, MICHAEL
 Name:
 PONS, MICHAEL

 Address:
 615 SW SWEETBREEZE DRIVE
 Address:
 5400 CANVASBACK DRIVE

Address: 615 SW SWEETBREEZE DRIVE Address: 5400 CANVASBACK DRIVE City-St-Zip: LAKE CITY, FL 32024 US City-St-Zip: MIMS, FL 32754 US

Title: S/T () Delete Title: S/T (X) Change () Addition

Name: PONS, MICHAEL Name: PONS, MICHAEL

Address: 615 SW SWEETBREEZE DRIVE Address: 5400 CANVASBACK DRIVE
City-St-Zip: LAKE CITY, FL 32024 US City-St-Zip: MIMS, FL 32754 US

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.

SIGNATURE: MICHAEL PONS VP 04/30/2008