2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P04000066985

Entity Name: TELEPHONE SUPPLY, INC.

Current Principal Place of Business:

615 SW SWEETBREEZE DRIVE
LAKE CITY, FL 32024 US

New Principal Place of Business:

5400 CANVASBACK DRIVE
MIMS, FL 32754 US

Current Mailing Address:

615 SW SWEETBREEZE DRIVE
LAKE CITY, FL 32024 US

New Mailing Address:

5400 CANVASBACK DRIVE
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:

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

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: PONS, KATHERINE J
Address: 615 SW SWEETBREEZE DRIVE
City-St-Zip: LAKE CITY, FL 32024 US

Title: VP ( ) Delete
Name: PONS, MICHAEL
Address: 615 SW SWEETBREEZE DRIVE
City-St-Zip: LAKE CITY, FL 32024 US

Title: S/T ( ) Delete
Name: PONS, MICHAEL
Address: 615 SW SWEETBREEZE DRIVE
City-St-Zip: LAKE CITY, FL 32024 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PONS, KATHERINE J
Address: 5400 CANVASBACK DRIVE
City-St-Zip: MIMS, FL 32754 US

Title: VP (X) Change ( ) Addition
Name: PONS, MICHAEL
Address: 5400 CANVASBACK DRIVE
City-St-Zip: MIMS, FL 32754 US

Title: S/T (X) Change ( ) Addition
Name: PONS, MICHAEL
Address: 5400 CANVASBACK DRIVE
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
Electronic Signature of Signing Officer or Director — Date