2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2006 8:00 am Secretary of State DOCUMENT # P04000102742 04-28-2006 90192 042 ***150.00 BEEPERS N' PHONES OF DUNEDIN, INC. Principal Place of Business Mailing Address 3350 EAST BAY DRIVE 3350 EAST BAY DRIVE LARGO, FL 33771 US LARGO, FL 33771 2. Principal Place of Business 3. Mailing Address 7000 Park Blva 04242006 Chg-P CR2E034 (11/05) Applied For 4. FEI Number 20-1344044 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POWNALL, RONALD J Street Address (P.O. Box Number is Not Acceptable) 3350 EAST BAY DRIVE LARGO, FL 33771 Zip Code 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) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change ☐ Addition TITLE Delete POWNALL, RONALD J NAME NAME STREET ADDRESS 3350 EAST BAY DRIVE STREET ADDRESS CITY-ST-ZIP LARGO, FL 33771 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition SILVERS, DERICK NAME NAME STREET ADDRESS 3350 EAST BAY DRIVE STREET ADDRESS CITY-ST-ZIP LARGO, FL 33771 CITY-ST-ZIP MGRM ☐ Change **X** Addition TITLE ☐ Delete TITLE RICK BEAM 7000 Park BLVD, Suite A NAME NAME STREET ADDRESS STREET ADDRESS Pinellas Park FL 33781 CITY-ST-ZIP CITY-ST-7iP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CCTY-ST-7IP 12. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED