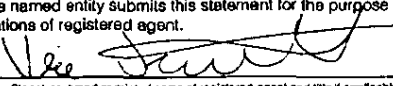
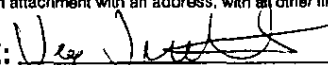


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000046560 1. Entity Name 011 TELLECOMMUNICATIONS, INC.					
Principal Place of Business POB 367568 BONITA SPRINGS, FL 34136				Mailing Address POB 367568 BONITA SPRINGS, FL 34136	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40014254 	
City & State		City & State		01092007 Chg-P CR2E034 (12/06)	
Zip Country		Zip Country		4. FEI Number 20-2581615	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRAVO, CARLOS E 11153 COIMBRA LN BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name JARVISTO, VESA J Street Address (P.O. Box Number is Not Acceptable) 11153 Coimbra LN City Bonita Springs FL Zip Code 34135		
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:  DATE: 22-01-2007 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JARVISTO, VESA J 11153 COIMBRA LN BONITA SPRINGS, FL 34135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JARVISTO, VESA J PO BOX 367568 BONITA SPRINGS, FL 34136	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAVO, SOCORRO I 11153 COIMBRA LN BONITA SPRINGS, FL 34135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JARVISTO, SOCORRO I PO BOX 367568 BONITA SPRINGS, FL 34136	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  VESA JARVISTO			22-01-2007 850-3085072		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		