2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000054493

Address:

City-St-Zip:

Entity Name: FAMILY CELLULAR, INC.

FILED Jun 05, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 123 DRAKE WAY SEBASTIAN, FL 32958 US **Current Mailing Address: New Mailing Address:** 123 DRAKE WAY SEBASTIAN, FL 32958 US FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete Title: PRFS (X) Change () Addition DUFFY, DANIEL PRES Name: DUFFY, DANIEL Name: 123 DRAKE WAY 123 DRAKE WAY Address: Address: City-St-Zip: SEBASTIAN, FL 32958 US City-St-Zip: SEBASTIAN, FL 32958 US Title: Title: (X) Change () Addition () Delete TORRES, JORGE J CEO Name: DUFFY, DANIEL Name: 123 DRAKE WAY 123 DRAKE WAY Address: Address: SEBASTIAN, FL 32958 SEBASTIAN, FL 32958 City-St-Zip: City-St-Zip: Title: () Delete Title: CFO () Change (X) Addition MANLEY, STEVEN J CFO Name: Name: 123 DRAKE WAY Address Address: City-St-Zip: City-St-Zip: SEBASTIAN, FL 32958 Title: () Delete Title: **TRES** () Change (X) Addition TORRES, NICOLE M TRES Name: Name: Address: Address: 123 DRAKE WAY City-St-Zip: City-St-Zip: SEBASTIAN, FL 32958 Title: Title: () Change (X) Addition () Delete Name: Name: HOLCOMB, CHRISTOPHER B COO

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

123 DRAKE WAY

SEBASTIAN, FL 32958

SIGNATURE: DANIEL DUFFY **PRES** 06/05/2006