

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000054493

Entity Name: FAMILY CELLULAR, INC.

FILED
May 01, 2007
Secretary of State**Current Principal Place of Business:**6220 S ORANGE BLOSSOM TRAIL
SUITE 200
ORLANDO, FL 32809 US**New Principal Place of Business:****Current Mailing Address:**6220 S ORANGE BLOSSOM TRAIL
SUITE 200
ORLANDO, FL 32809 US**New Mailing Address:**

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US**Name and Address of New Registered Agent:**

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:**Title: DIR () Delete
Name: FC INC,
Address: 6220 S ORANGE BLOSSOM TRAIL # 200
City-St-Zip: ORLANDO, FL 32809 USTitle: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PRES (X) Change () Addition
Name: TORRES, NICOLE M PRES
Address: 6220 S ORANGE BLOSSOM TRAIL # 200
City-St-Zip: ORLANDO, FL 32809 USTitle: CEO () Change (X) Addition
Name: TORRES, NICOLE M CEO
Address: 6220 S ORANGE BLOSSOM TRAIL # 200
City-St-Zip: ORLANDO, FL 32809 USTitle: TRES () Change (X) Addition
Name: TORRES, NICOLE M TRES
Address: 6220 S ORANGE BLOSSOM TRAIL # 200
City-St-Zip: ORLANDO, FL 32809 USTitle: OWN () Change (X) Addition
Name: TORRES, NICOLE M OWNER
Address: 6220 S ORANGE BLOSSOM TRAIL # 200
City-St-Zip: ORLANDO, FL 32809 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: NICOLE M TORRES

PRES

05/01/2007

Electronic Signature of Signing Officer or Director_____
Date