

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000056739

FILED
Apr 16, 2007
Secretary of State

Entity Name: TELZUIT TECHNOLOGIES, INC.

Current Principal Place of Business:

5422 CARRIER DRIVE SUITE 306
ORLANDO, FL 32819

New Principal Place of Business:

5422 CARRIER DRIVE
SUITE 306
ORLANDO, FL 32819

Current Mailing Address:

5422 CARRIER DRIVE SUITE 306
ORLANDO, FL 32819

New Mailing Address:

5422 CARRIER DRIVE
SUITE 306
ORLANDO, FL 32819

FEI Number: 20-2718718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWANN, MICHAEL K
258 SOUTHHALL LANE SUITE 420
MAITLAND, FL 32751 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPROAT, DONALD
Address: 12812 HUNTERS VISTA BLVD
City-St-Zip: ORLANDO, FL 32837

Title: D (X) Delete
Name: VOSCH, MICHAEL I
Address: 1739 VALLEY FORGE DR.
City-St-Zip: TITUSVILLE, FL 32796

Title: D (X) Delete
Name: AZARVAN, ALI
Address: 2230 GEORGE C MARSHALL #306
City-St-Zip: FALLS CHURCH, VA 22043

Title: D (X) Delete
Name: FEAGAN, CAROLE-SUE
Address: 3660 DUNLAP ROAD
City-St-Zip: MIMS, FL 32754

Title: D (X) Delete
Name: MCSHANNIC, JOSEPH DR
Address: 681 KENSINGTON WAY
City-St-Zip: COPLEY, OH 44321

Title: D (X) Delete
Name: STOREY, BEN DR
Address: 4234 BURKHOLM ROAD
City-St-Zip: MIMS, FL 32754

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VOSCH, MICHAEL
Address: 5422 CARRIER DR., STE. 306
City-St-Zip: ORLANDO, FL 31819

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MICHAEL VOSCH

D

04/16/2007

Electronic Signature of Signing Officer or Director

Date