2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State
04-07-2006 90031 020 ***150.00

DOCUMENT # P05000158688

1. Entity Name
SATELITEL CORPORATION

Principal Place of Business
~~13214 SUMMERTON DRIVE~~
~~ORLANDO, FL 32824~~ US

Mailing Address
~~13214 SUMMERTON DRIVE~~
~~ORLANDO, FL 32824~~ US

03132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: 7600 SOUTHLAND BLVD
Suite, Apt. #, etc.: 106
City & State: ORLANDO, FLORIDA
Zip: 32809 Country: ORANGE

3. Mailing Address: 7600 SOUTHLAND BLVD
Suite, Apt. #, etc.: 106
City & State: ORLANDO, FLORIDA
Zip: 32809 Country: ORANGE

4. FEI Number: 20-3892187 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
~~SY, HARRY~~
3100 JODHPURS LANE
APT. 3403
ORLANDO, FL 32837

7. Name and Address of New Registered Agent
Name: HARRY SY
Street Address (P.O. Box Number is Not Acceptable): 7600 SOUTHLAND BLVD
City: ORLANDO FL Zip Code: 32809

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: X [signature] 3/1/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	TRIMARCHI, CONSTANTINO	
STREET ADDRESS	13214 SUMMERTON DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	P	☐ Delete
NAME	SY, HARRY	
STREET ADDRESS	3100 JODHPURS LANE	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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: X [signature] 3/13/06 407-856-8115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #