

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
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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
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4000

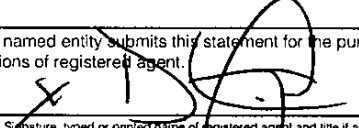


03132006 Chg-P CR2E034 (11/05)

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.

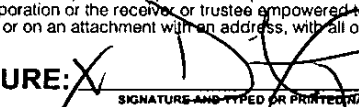
SIGNATURE  DATE **3/12/06**

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRIMARCHI, CONSTANTINO 13214 SUMMERTON DRIVE ORLANDO, FL 32824 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SY, HARRY 3100 JODHPURS LANE ORLANDO, FL 32837 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  DATE **3/13/06** DAYTIME PHONE **407-856-8115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR