2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000047175

Entity Name: SOUTHWEST FLORIDA TELEMANAGEMENT SERVICES, INC.

FILED Feb 22, 2009 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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2268 CAPE HEATHER CIRCLE 3446 MARINATOWN LANE CAPE CORAL, FL 33991

SUITE 26

NORTH FORT MYERS, FL 33903 US

Current Mailing Address: New Mailing Address:

3446 MARINATOWN LANE 2268 CAPE HEATHER CIRCLE

CAPE CORAL, FL 33991 SUITE 26

NORTH FORT MYERS, FL 33903 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FEI Number: 20-4650317 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SACCENTE, MARK F CASTILLO III, PACIFICO M 2268 CAPE HEATHER CIRCLE 3446 MARINATOWN LANE

CAPE CORAL SUITE 26

FL, FL 33991 US NORTH FORT MYERS, FL 33903 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: PACIFICO M. CASTILLO III 02/22/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

() Delete Title: (X) Change () Addition

SACCENTE, NICOLE M DIR Name: Name: RAMIREZ, JOSE R 2268 CAPE HEATHER CIRCLE 22732 HAWK HILL LOOP Address: Address: City-St-Zip: CAPE CORAL, FL 33991 City-St-Zip: LAND O'LAKES, FL 34639

Title: () Delete Title: () Change (X) Addition Name: Name: CASTILLO III, PACIFICO M

Address: 3446 MARINATOWN LANE- SUITE 26 Address: NORTH FORT MYERS, FL 33903 City-St-Zip: Citv-St-Zip:

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: PACIFICO M. CASTILLO III DIR 02/22/2009