2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000087033

Entity Name: TALK SOLUTIONS @ ORLANDO, INC.

FILED Apr 18, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

8004 NORTHWEST 154TH STREET, SUITE 298 25 W SILVER STAR ROAD

MIAMI LAKES, FL 33016 OCOEE, FL 34761

Current Mailing Address: New Mailing Address:

8004 NORTHWEST 154TH STREET, SUITE 298 25 W SILVER STAR ROAD

MIAMI LAKES, FL 33016 OCOEE, FL 34761

FEI Number: 22-3936395 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:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US ALEXANDER BARROSO 25 W SILVER STAR ROAD OCOEE, FL 34761 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: ALEXANDER BARROSO 04/18/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: SMITH, JUANA Name: SMITH, JUANA

Address: 8004 NORTHWEST 154TH STREET, SUITE 298 Address: 8004 NORTHWEST 154TH STREET, SUITE 298

City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: MIAMI LAKES, FL 33016

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

Name: NAJAR, HECTOR Name: NAJAR, HECTOR

Address: 8004 NORTHWEST 154TH STREET, SUITE 298 Address: 8004 NORTHWEST 154TH STREET, SUITE 298

City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: MIAMI LAKES, FL 33016

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

 Name:
 Name:
 BARROSO, MARIA W

 Address:
 Address:
 655 POSTRIO WAY

 City-St-Zip:
 City-St-Zip:
 OCOEE, FL 34761

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

 Name:
 Name:
 ALEXANDER, BARROSO

 Address:
 Address:
 655 POSTRIO WAY

 City-St-Zip:
 City-St-Zip:
 OCOEE, FL 34761

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: ALEXANDER BARROSO PT 04/18/2007