2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# P06000115917

Entity Name: CTI SERVICES OF AMERICA, INC.

Current Principal Place of Business:

9753 S ORANGE BLOSSOM TRAIL
SUITE 202
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

9753 S ORANGE BLOSSOM TRAIL
SUITE 202
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 20-5525802 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORELLI, STELLINHA
8227 LAKE PARK ESTATES BLVD
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

MORELLI, STELLINHA
1050 PALM COVE DRIVE
ORLANDO, FL 32835 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: 04/16/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MORELLI, MAURO L
Address: 1314 BRADWELL DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: VP ( ) Delete
Name: MORELLI, STELLINHA
Address: 8227 LAKE PARK ESTATES BLVD
City-St-Zip: ORLANDO, FL 32818

Title: S ( ) Delete
Name: MORELLI, GERSON L
Address: 8227 LAKE PARK ESTATES BLVD
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: MORELLI, STELLINHA
Address: 1050 PALM COVE DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: S (X) Change ( ) Addition
Name: MORELLI, GERSON L
Address: 1050 PALM COVE DRIVE
City-St-Zip: ORLANDO, FL 32835

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: MAURO L. MORELLI P 04/16/2007
Electronic Signature of Signing Officer or Director — Date