

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000118611

1. Entity Name
CADO TELECOM CONSULTING, INC.



**FILED
Jan 18, 2007 8:00 am
Secretary of State**

01-18-2007 90106 012 ***150.00

60002615



01092007 Chg-P CR2E034 (12/06)

Principal Place of Business
745 OAKLAND HILLS CIRCLE
APT # 113
LAKE MARY, FL 32746 US

Mailing Address
745 OAKLAND HILLS CIRCLE
APT # 113
LAKE MARY, FL 32746 US

2. Principal Place of Business - No P.O. Box #
1638 SWALLOWTAIL LN

3. Mailing Address
1638 Swallowtail Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SANFORD, FL

City & State
SANFORD, FL

Zip

32771

Country

USA

Zip

32771

Country

USA

4. FEI Number

20-5542955

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIFIELD, DONALD
745 OAKLAND HILLS CIRCLE
APT # 113
LAKE MARY, FL 32746

Name

Street Address (P.O. Box Number is Not Acceptable)

1638 SWALLOWTAIL LANE

City **SANFORD**

FL Zip Code **32771**

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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/14/2007

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VSD** Delete
NAME **FIFIELD, CARMEN**
STREET ADDRESS **745 OAKLAND HILLS CIRCLE APT # 113**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE Change Addition
NAME **1638 SWALLOWTAIL LN**
STREET ADDRESS **SANFORD, FL, 32771**

TITLE **PTD** Delete
NAME **FIFIELD, DONALD**
STREET ADDRESS **745 OAKLAND HILLS CIRCLE APT # 113**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE Change Addition
NAME **1638 SWALLOWTAIL LN**
STREET ADDRESS **SANFORD, FL, 32771**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2007

Date

407-324-3575

Daytime Phone #