2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P06000145323

Entity Name: FLORIDA CABLE SPLICERS INC.

Current Principal Place of Business:

2891 LLOYD LN
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

2891 LLOYD LN
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 13-4347730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCMRAY, MICHELLE
2891 LLOYD LN
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

MCCRAY, MICHELLE
2891 LLOYD LN
KISSIMMEE, FL 34744 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: MICHELLE MCCRAY 04/30/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILLIAMS, LOVIS
Address: 2891 LLOYD LN
City-St-Zip: KISSIMMEE, FL 34744

Title: V ( ) Delete
Name: APPLEBEE, DARLENE
Address: 1439 SIMMONS RD
City-St-Zip: KISSIMMEE, FL 34744

Title: S ( ) Delete
Name: MCCRAY, MICHELLE
Address: 2891 LLOYD LN
City-St-Zip: KISSIMMEE, FL 34744

Title: T ( ) Delete
Name: MCMRAY, MICHELLE
Address: 2891 LLOYD LN
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: T (X) Change ( ) Addition
Name: MCCRAY, MICHELLE
Address: 2891 LLOYD LN
City-St-Zip: KISSIMMEE, FL 34744

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: MICHELLE MCCRAY S 04/30/2007
Electronic Signature of Signing Officer or Director Date