

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000067515

Entity Name: BLUERATE TELECOM USA, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

2675 HORSESHOE DR SOUTH
STE 401
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

2675 HORSESHOE DR SOUTH
STE 401
NAPLES, FL 34104

New Mailing Address:

FEI Number: 26-0324889 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLURE ACCOUNTING, LLC
3665 BONITA BEACH RD
STE 3
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: DRESCHER, WILHELM
Address: 332 WENTWORTH CT
City-St-Zip: NAPLES, FL 34104

Title: CEO () Delete
Name: DRESCHER, WILHELM
Address: 332 WENTWORTH CT
City-St-Zip: NAPLES, FL 34104

Title: TVPD () Delete
Name: BOWLER, KEVIN J
Address: 83 OLD FARM LN
City-St-Zip: ATTLEBORO, MA 02703

Title: D () Delete
Name: MEYER-WAHL, GEORG
Address: 3665 BONITA BEACH RD - STE 3
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TVD (X) Change () Addition
Name: BOWLER, KEVIN J
Address: 83 OLD FARM LN
City-St-Zip: ATTLEBORO, MA 02703

Title: () Change () Addition
Name:
Address:
City-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: WILHELM DRESCHER

PS

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date