## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 21, 2008 8:00 am Secretary of State

ANNOAL NEFORT							Sacratary of State				
DOCUMENT # P07000118931  1. Entity Name TRI-COUNTY TELECOMMUNICATIONS, INC.							Secretary of State 02-21-2008 90031 013 ***150.00				
Principal Place of Business Mailing Address						· ·	•				
12717 WEST SUNRISE BLVD. SUITE 184			12717 WEST SUNRISE BLVD. SUITE 184				· · · · · · · · · · · · · · · · · · ·	•			
SUNRISE, FL	33323		Sunrise, FL 33323								
						]					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02062008	Chg-P	CR2E	E034 (12/06)	
City & State		City & State			1	4, FEI Numb	å11 <i>305</i>	<del></del>		oplied For at Applicable	
Zip	Zip Country		Zip Coun		try	5 Certificate of Status Desired    \$8.75 A			\$8.75 Ack	litional	
6. Name and Address of Current Registered Ager			Registered Agent	I	7. Name and Address of New Registered Agent					<u> </u>	
v. Team Land of Control together 7 gott					Name		<u> </u>				
BLOUNT, SARAH 12717 WEST SUNRISE BLVD. SUITE 184					Street Add	ress (P.	O. Box Numb	er is Not Acceptable	:}		
SUNRISE, FL 33323											
						FL Zip Code					
The above named entity submits this statement for the purpose of changing its registered office or re							d agent or be	th in the Otata of Ela			
the obligat	tions of regist	ered agent.	or the purpose of changing its	regisiere	ed onice or re	yserec	u ageni, oi bo	ui, iri bile State Oi ric	moa. ran	n iaminar wiln,	ano accept
SIGNATURE.		or printed name of registered agent	and title if applicable. (NOT	E: Registered	d Agent signature n	required wh	hen reinstating)		DATE	<del></del>	
FILE NOWIN FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.											
	ay ., 200.				ncing		May Be to Fees				
10.			OO Trust Fund Cont				to Fees	CHANGES TO OFF	ICERS AN	ND DIRECTOR	S IN 11
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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.

STREET ADDRESS

CITY-ST-ZIP

signature: Sayah Blown t

STREET ADDRESS

CITY-ST-ZIP

2-18-2008 954-305-546