

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90008 017 \*\*\*150.00

<b>DOCUMENT # P07000126258</b>					
<b>1. Entity Name</b> <b>ZYTEL COMMUNICATIONS INC</b>					
<b>Principal Place of Business</b> <b>8214 FIR DR.</b> <b>TAMPA, FL 33619</b>			<b>Mailing Address</b> <b>8214 FIR DR.</b> <b>TAMPA, FL 33619</b>		
<b>2. Principal Place of Business - No P.O. Box #</b> <b>2036 NW 5th St</b>		<b>3. Mailing Address</b> <b>2036 NW 5th St</b>		<b>40047004</b>  	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>03132008</b> <b>Chg-P</b> <b>CR2E034 (12/06)</b>	
<b>City &amp; State</b> <b>Cape Coral FL</b>		<b>City &amp; State</b> <b>Cape Coral FL</b>		<b>4. FEI Number</b> <b>26-1487834</b>	
<b>Zip</b> <b>33993</b>		<b>Country</b> <b>USA</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>SPIEGEL &amp; UTRERA, P.A.</b> <b>1840 SW 22ND ST.</b> <b>4TH FLOOR</b> <b>MIAMI, FL 33145</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____					
<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DPV</b> <b>GAINES, FREDERICK</b> <b>8214 FIR DR.</b> <b>TAMPA, FL 33619</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DPV</b> <b>Gaines, Frederick</b> <b>2036 NW 5th St</b> <b>Cape Coral FL 33993</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>ST</b> <b>ALTIDOR, DARLIE</b> <b>8214 FIR DR.</b> <b>TAMPA, FL 33619</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>ST</b> <b>Altidor, Darlie</b> <b>2036 NW 5th St</b> <b>Cape Coral FL 33993</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Treasurer</b> <b>Gisele Altidor</b> <b>2036 NW 5th St</b> <b>Cape Coral FL 33993</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
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<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>3/13/08</b> <b>813-833-3666</b> Date    Daytime Phone #		