2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P38107

Entity Name: TALK AMERICA INC.

Current Principal Place of Business:

6805 RT 202
NEW HOPE, PA 18938 US

New Principal Place of Business:

Current Mailing Address:

6805 RT 202
NEW HOPE, PA 18938 US

New Mailing Address:

FEI Number: 23-2582790 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:	PTD	( ) Delete
Name:	MEYERCORD, EDWARD	
Address:	6805 ROUTH 202	
City-St-Zip:	NEW HOPE, PA 18938	
Title:	SD	( ) Delete
Name:	LAWN, ALOYSIUS T IV	
Address:	6805 RT 202	
City-St-Zip:	NEW HOPE, PA 18938	
Title:	CFO	( ) Delete
Name:	ZAHKA, DAVID G	
Address:	6805 ROUTE 202	
City-St-Zip:	NEW HOPE, PA 18938	
Title:	T	( ) Delete
Name:	WALSH, THOMAS	
Address:	6805 ROUTE 202	
City-St-Zip:	NEW HOPE, PA 18938	
Title:	EVP	( ) Delete
Name:	EARHART, JEFFREY	
Address:	2704 ALT. 19 NORTH	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	EVP	( ) Delete
Name:	BRASSELLE, WARREN	
Address:	12020 SUNRISE VALLEY DR	
City-St-Zip:	RESTON, VA 20190	

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

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANCIE MCCOMB VP 04/28/2006

Electronic Signature of Signing Officer or Director Date