FILED Mar 08, 2006 08:00 AM 2006 FOR PROFIT CORPORATION ANNUAL REPORT Secretary of State DOCUMENT # P93000004028 1. Entity Name LITTLE PHONE SYSTEMS, INC. Principal Place of Business Mailing Address <UNUSED> 2121 LAINDALE PL VALRICO, FL 33594 VALRICO, FL 33594 US 03012006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3160505 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent LITTLE, DONAVON H DO NOT WRITE 2121 LAINDALE PLACE VALRICO, FL 33594 IN THIS SPACE 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 8. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DILE LITTLE, DONAVON H NAME STREET ADDRESS 2121 LAINDALE PL CITY-ST-ZIE VALRICO, FL 33594 LITTLE, DENISE M NAME USAUAUN-NUUUS-UNS TAN ÜÜ STREET ADDRESS 2121 LAINDALE PL CITY-ST-ZIP VALRICO, FL 33594 mr NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CiTY-ST-21P TITLE NAME STREET ADDRESS CITY-ST-ZIP 7171.5 NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not quality 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZEP

UNE THE AND TYPED OR PRINTED NAME OF SIGNING SHIFTICER OR DIRECTOR

3/1/06 83687-4244