


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90069 005 ***150.00

DOCUMENT # P93000038738

1. Entity Name
LONG DISTANCE COMMUNICATIONS, INC.



Principal Place of Business Mailing Address

16500 COLLINS AVE #1455 SUNNY ISLES BEACH, FL 33160 US **2221 NE 164TH ST PMB 344 N MIAMI BEACH, FL 33160 US**

2. Principal Place of Business - No P.O. Box #
17201 Collins Ave # 3303

3. Mailing Address
 Suite, Apt. #, etc.
3303

City & State
Sunny Isles Bch, FL

City & State
Sunny Isles Bch, FL

Zip
33160 Country
US

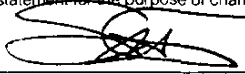


4. FEI Number
65-0423558

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
|---|--|--|--|
| PROCTOR, SCOTT 16500 COLLINS AVE #1455 SUNNY ISLES BEACH, FL 33160 | | Name Street Address (P.O. Box Number is Not Acceptable) 17201 Collins Ave # 3303 City Sunny Isles Bch FL Zip Code 33160 | |

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:  DATE: **04-16-08**

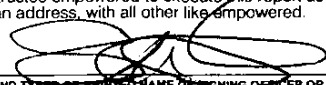
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PROCTOR, SCOTT 16500 COLLINS AVE #1455 NORTH MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 17201 Collins #3303 Sunny Isles Beach, FL 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHER, CHARLES 16500 COLLINS AVE #1455 SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 17201 Collins Ave. #3303 Sunny Isles Beach, FL 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

SIGNATURE:  **Scott Proctor** DATE: **04-16-08** DAYTIME PHONE #: **305-401-4951**

SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR Date Daytime Phone #