


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000068243

1. Entity Name
AMTEL COMMUNICATIONS, INC.



Principal Place of Business Mailing Address

318 INDIAN TRACE, # 249 **318 INDIAN TRACE, # 249**
WESTON, FL 33326 US **WESTON, FL 33326 US**

DO NOT WRITE IN THIS SPACE



04132008 No Chg-P CRZE034 (11/05)

4. FEI Number Applied For
65-0440402 Not Applicable

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

6. Name and Address of Current Registered Agent

BOOTH, WENDY S
2502 MONTCLAIRE CIR
WESTON, FL 33327

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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 _____
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, 2006 Fee will be \$550.00

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

U00000514366
04/29/06-80166-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GREENWALD, MONROE
STREET ADDRESS	318 INDIAN TRACE, # 249
CITY-ST-ZIP	WESTON, FL 33326
TITLE	S
NAME	BOOTH, WENDY
STREET ADDRESS	2502 MONTCLAIRE CIRCLE
CITY-ST-ZIP	WESTON, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  4/13/06 954 389-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #