## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000009338

Title:

Name:

Address:

City-St-Zip:

() Delete

CASSIDY, CHÉRYL

DAVIE, FL

4420 SW 74TH WAY

FILED Jul 19, 2005 Secretary of State

Entity Name: FMC TELECOMMUNICATIONS, INC.									
Current Principal Place of Business:					New Principal Place of Business:				
6045 SW 4 DAVIE, FL		US							
Current Mailing Address:					New Mailing Address:				
6045 SW 45TH ST DAVIE, FL 33314 US					410 SW 133RD TERRACE DAVIE, FL 33325 US				
FEI Number:	65-0489609	FEI Nui	mber Applied For()	FEI Num	nber Not Appli	icable ( )	Certific	ate of Status D	esired (X)
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
CASSIDY, FRANCIS M 6045 SW 45TH ST DAVIE, FL 33314 US					CASSIDY, FRANCIS M 410 SW 133RD TERRACE DAVIE, FL 33325 US				
The above in the State			his statement for the pu	urpose of	f changing it	ts registere	d office or	registered ag	ent, or both,
SIGNATURE:					07/19/2005				
	Elec	tronic Signa	ture of Registered Ager	nt				Date	
	npaign Finar	ncing Trust Fu	S., the corporation did not nd Contribution ( ).	receive tl	•		ES TO OFI	FICERS AND	DIRECTORS:
Title: Name: Address: City-St-Zip:	DP CASSIDY, 10051 SW DAVIE, FL				Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	DST CASSIDY, 10051 SW DAVIE, FL	25TH ST			Title: Name: Address: City-St-Zip:	DST CASSIDY, I 4420 SW 7 DAVIE, FL	PHYLLIS J 4TH WAY	( ) Addition	
Title: Name: Address: City-St-Zip:	DV CASSIDY, 4420 SW 7 DAVIE, FL				Title: Name: Address: City-St-Zip:	DV CASSIDY, 3 4420 SW 7 DAVIE, FL	SHAWN 4TH WAY	( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: FRANCIS M CASSIDY **PRES** 07/19/2005

(X) Change ( ) Addition

CASSIDY, CHERYL

4420 SW 74TH WAY

**DAVIE, FL 33314**