

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000009338

Entity Name: FMC TELECOMMUNICATIONS, INC.

FILED
Jan 10, 2006
Secretary of State

Current Principal Place of Business:

6045 SW 45TH ST
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

410 SW 133RD TERRACE
DAVIE, FL 33325 US

New Mailing Address:

FEI Number: 65-0489609 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASSIDY, FRANCIS M
410 SW 133RD TERRACE
DAVIE, FL 33325 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: DP () Delete
Name: CASSIDY, FRANCIS M
Address: 10051 SW 25TH ST
City-St-Zip: DAVIE, FL 33324

Title: DST () Delete
Name: CASSIDY, PHYLLIS J
Address: 4420 SW 74TH WAY
City-St-Zip: DAVIE, FL 33314

Title: DV (X) Delete
Name: CASSIDY, SHAWN
Address: 4420 SW 74TH WAY
City-St-Zip: DAVIE, FL 33314

Title: D (X) Delete
Name: CASSIDY, CHERYL
Address: 4420 SW 74TH WAY
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DST (X) Change () Addition
Name: CASSIDY, PHYLLIS J
Address: 10951 SW 25TH STREET
City-St-Zip: DAVIE, FL 33324

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: FRANCIS M CASSIDY

DP

01/10/2006

Electronic Signature of Signing Officer or Director

_____ Date