## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Jan 29, 2007 08:00-AM DOCUMENT # P94000040917 **Secretary of State** 1. Entity Name INTOUCH COMMUNICATIONS OF S.W. FLORIDA, INC. Principal Place of Business Mailing Address 18781 CREEK BRIDGE 18781 CREEK BRIDGE COURT ALVA, FL 33920 ALVA, FL 33920 01182007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0499383 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent VILLANI, MICHAEL A DO NOT WRITE 18781 CREEK BRIDGE COURT ALVA, FL 33920 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 U00000608227 02/01/07-80001-023 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE VILLANI, MICHAEL NAME STREET ADDRESS 18781 CREEK BRIDGE COURT ALVA, FL 33920 CITY-ST-ZIF mu NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 of the corporation or the receiver or trustes changed, or on an attachment with an add

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR