2005 FOR PROFIT CORPORATION

Feb 08, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P94000065375 KRELL COMMUNICATIONS, INC. Principal Place of Business Mailing Address 50011784 3419 APALACHEE PKWY C/O JAMES O. BIRR, JR. ESQ. TALLAHASSEE, FL 32311 1650 N E 26TH STREET, 101 FORT LAUDERDALE, FL 33305 No Chg-P CR2E034 (10/03) 01202005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 59-3266645 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BIRR, JAMES O ESQ. DO NOT WRITE 1650 N E 26TH STREET, SUITE 101 FORT LAUDERDALE, FL 33305 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE FORSMAN, BURTON J NAME STREET ADDRESS 1113 VIRGIL ROAD TALLAHASSEE, FL 32311 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify 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 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 textequite this opport 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 tike or provered.

SIGNATURE: _

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED