

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000014967

FILED
Mar 13, 2007
Secretary of State

Entity Name: PICO CELLULAR COMMUNICATIONS, INC.

Current Principal Place of Business:

1305 NE 3RD STREET
A
FT LAUDERDALE, FL 33301 US

New Principal Place of Business:

1305A NE 3RD STREET
FT LAUDERDALE, FL 33301 US

Current Mailing Address:

5270 RIVER CLUB DRIVE
SUFFOLK, VA 23435 US

New Mailing Address:

FEI Number: 65-0633584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STODDARD, KELLY B
1305 NE 3RD STREET
A
FT. LAUDERDALE, FL 33301 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: PSDT () Delete
Name: STODDARD, KELLY B
Address: 1305A NE 3RD STREET
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: STODDARD, LARRY J
Address: 1305A NE 3RD STREET
City-St-Zip: FT. LAUDERDALE, FL 33301

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: KELLY STODDARD

PSDT

03/13/2007

Electronic Signature of Signing Officer or Director

_____ Date