

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 11, 2006 8:00 am
Secretary of State


01-11-2006 90010 006 ***158.75

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01042006 No Chg-P CR2E034 (11/05)

DOCUMENT # P95000077427
 1. Entity Name
 TELACORP, INC.



Principal Place of Business: 997 W. KENNEDY BLVD., SUITE A25 ORLANDO, FL 32810
 Mailing Address: 997 W. KENNEDY BLVD., SUITE A25 ORLANDO, FL 32810

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3391227	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LAVELLA, PATRICIA
 997 W. KENNEDY BLVD., SUITE A25
 ORLANDO, FL 32810

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

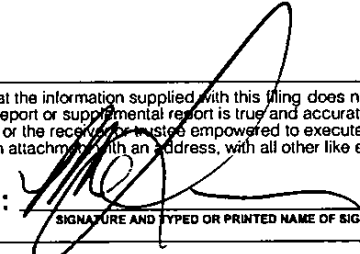
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS LAVELLE, PATRICIA 997 W. KENNEDY BLVD., SUITE A25 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ADD</i> Bernard Kaplan, President 997 W. Kennedy Blvd, St A25 Orlando, Florida 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  *V.P*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *1/4/06* Daytime Phone #: *407 260-9542*