

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000097697**

1. Entity Name  
**TELE-ED COMMUNICATIONS, INC.**



Principal Place of Business  
**1907 POINSETTIA AVENUE  
TAMPA, FL 33612**

Mailing Address  
**209 ELROD DRIVE  
BRANDON, FL 33510-2107 US**



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3350379</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**DRYER, IRENE J  
209 ELROD DRIVE  
BRANDON, FL 33510-2107**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

000000784202  
01/16/08-80045-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DRYER, EDWARD W
STREET ADDRESS	1907 POINSETTIA AVENUE
CITY-ST-ZIP	TAMPA, FL 33612

TITLE	D
NAME	DRYER, IRENE J
STREET ADDRESS	209 ELROD DRIVE
CITY-ST-ZIP	BRANDON, FL 335102107

TITLE	D
NAME	DRYER, SCOTT A
STREET ADDRESS	209 ELROD DRIVE
CITY-ST-ZIP	BRANDON, FL 335102107

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:** Irene J. Dryer [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-2008 813-697-1751  
Date Daytime Phone