

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90119 038 ***150.00

DOCUMENT # P96000027366

1. Entity Name
TELMAGINE, INC.



Principal Place of Business

311 PARK PLACE BLVD
STE 100
CLEARWATER, FL 33759 US

Mailing Address

311 PARK PLACE BLVD
STE 100
CLEARWATER, FL 33759 US

60026963



2. Principal Place of Business

4830 W. Kennedy Blvd
Suite, Apt. #, etc.
#650

3. Mailing Address

4830 W Kennedy Blvd
Suite, Apt. #, etc.
#650

03272006 Chg-P CR2E034 (11/05)

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3368755

Applied For

Not Applicable

Zip

33609

Country

Hillsborough

Zip

33609

Country

Hillsborough

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODWIN, JAMES W II
400 NORTH TAMPA STREET
SUTIE 2300
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name Goodwin, James W
Street Address (P.O. Box Number is Not Acceptable)
201 North Franklin St
Ste 2000
City Tampa FL Zip Code 33602

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 James W Goodwin

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 CEO
NAME THOMPSON, JACK A
STREET ADDRESS 311 PARK PLACE BLVD., #100
CITY-ST-ZIP CLEARWATER, FL 33759 ☐ Delete

TITLE VCFO
NAME FRANKEL, TODD C.
STREET ADDRESS 311 PARK PLACE BLVD., #100
CITY-ST-ZIP CLEARWATER, FL 33959 ☐ Delete

TITLE VP
NAME PRIVITERA, JOSEPH M
STREET ADDRESS 311 PARK PLACE BLVD ST. 100
CITY-ST-ZIP CLEARWATER, FL 33759 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEO
NAME Thompson, Jack ☒ Change ☐ Addition
STREET ADDRESS 4830 West Kennedy Blvd #650
CITY-ST-ZIP Tampa FL 33609

TITLE VCFO
NAME Frankel, Todd C. ☒ Change ☐ Addition
STREET ADDRESS 4830 W Kennedy Blvd #650
CITY-ST-ZIP Tampa FL 33609

TITLE VP
NAME Privitera, Joseph M ☒ Change ☐ Addition
STREET ADDRESS 4830 W. Kennedy Blvd #650
CITY-ST-ZIP Tampa FL 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06 8134721600

Date

Daytime Phone #