2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# P97000029700

Entity Name: TELECO PAW MULTI SERVICES, INC.

Current Principal Place of Business:

206 N FLAGLER AVE
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

206 N FLAGLER AVE
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 65-0741526 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIEN-AIME, LOSAIRE
23395 CAROLWOOD LANE
4106
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

BIEN-AIME, LOSAIRE
8821 SANDY CREST LANE
BOYNTON BEACH, FL 33437 US

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: LOSAIRE BIEN-AIME 05/01/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DO ( ) Delete
Name: BIEN-AIME, LOSAIRE
Address: 23395 CAROLWOOD LANE # 4106
City-St-Zip: BOCA RATON, FL 33428

Title: D ( ) Delete
Name: PLAISUME, CARLINE
Address: 23395 CAROLWOOD LANE #4106
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BIEN-AIME, LOSAIRE
Address: 8821 SANDY CREST LANE
City-St-Zip: BOYNTON, FL 33437

Title: D (X) Change ( ) Addition
Name: PLAISUME, CARLINE
Address: 8821 SANDY CREST LANE
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify 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: LOSAIRE BIEN-AIME P 05/01/2007
Electronic Signature of Signing Officer or Director Date