

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P97000047520

1. Entity Name

BUDGETEL SYSTEMS, INC.



FILED

May 02, 2006 08:00 AM
Secretary of State



| | | | | | | | |
|---|---------|---|---------|--|--|--|--|
| Principal Place of Business | | Mailing Address | | | | | |
| 12550 BISCAYNE BOULEVARD SUITE #220 N. MIAMI FL 33181 | | 12550 BISCAYNE BOULEVARD SUITE #220 N. MIAMI FL 33181 | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| SCHLENGER, H B 12550 BISCAYNE BOULEVARD SUITE #220 N. MIAMI FL 33181 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City FL Zip Code | | | |

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

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

Make Check Payable to Florida Department of State

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

| | | | |
|----------------------------|--------------------------------------|---|--|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | NAME | <input type="checkbox"/> Delete | |
| NAME | SCHLENGER, H B | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 12550 BISCAYNE BOULEVARD, SUITE #220 | U00000558972 | |
| CITY-ST-ZIP | N. MIAMI FL 33181 | 05/17/06-80118-017 150.00 | |
| TITLE | NAME | <input type="checkbox"/> Delete | |
| NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | |
| NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | |
| NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | |
| NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | |
| NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *H.B. Schlenger, DPA* H.B. SCHLENGER, DPA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2006

Date

305-894-1155

Daytime Phone #