
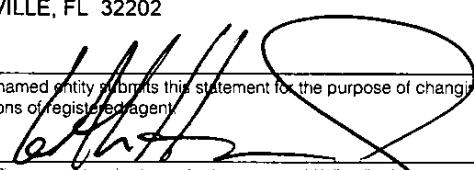
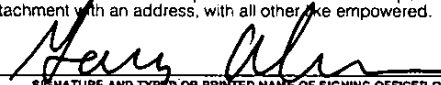


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90114 047 ***150.00

DOCUMENT # P97000047623					
1. Entity Name ADS TELECOM, INC.					
Principal Place of Business <UNUSED> SUITE 1250 LAKE MARY, FL 32746 US			Mailing Address 59 SKYLINE DRIVE SUITE 1250 LAKE MARY, FL 32746 US		
2. Principal Place of Business 630 N. Wymore Rd Suite, Apt. #, etc. Suite 300		3. Mailing Address 630 N. Wymore Rd. Suite, Apt. #, etc. Suite 300			
City & State Maitland FL Zip 32751 Country		City & State Maitland FL Zip 32751 Country		4. FEI Number 59-3449413	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MILAM & HOWARD, P.A. 50 NORTH LAURA STREET SUITE 2900 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name M. Jam Howard Nicandri Dees & Gilliam P.A. Street Address (P.O. Box Number is Not Acceptable) 208 N. Laura St. # 600 City Jacksonville FL Zip Code 32202		
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  G. Alan Howard, President 1.31.06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMONS, BARRY 59 SKYLINE DRIVE, SUITE 1250 LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	630 N. Wymore Rd # 300 Maitland FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AMBROSIO, JAMES 59 SKYLINE DRIVE, SUITE 1250 LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	630 N. Wymore Rd # 300 Maitland FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAM, GARY 59 SKYLINE DRIVE, SUITE 1250 LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	630 N. Wymore Rd # 300 Maitland FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  GARY ABRAM <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-27-06 407 682-6226 <small>Date Daytime Phone #</small>		