

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 24, 2006 8:00 am
Secretary of State**

04-24-2006 90342 026 ***150.00

60028775



04112006 Chg-P CR2E034 (11/05)

DOCUMENT # P97000049413

1. Entity Name
DEDICATED FIBER SYSTEMS, INC.



Principal Place of Business
1857 WELLS RD
STE 200
ORANGE PARK, FL 32073 US

Mailing Address
1857 WELLS RD
STE 200
ORANGE PARK, FL 32073 US

2. Principal Place of Business
6051 Deercreek Ln

3. Mailing Address
13820 St Augustine Rd

Suite, Apt. #, etc.
Suite 113 PMB 288

City & State
Macclenny, FL

City & State
Jacksonville, FL

Zip
32063-3719

Country
32258-2448

4. FEI Number
59-3450560

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NICHOLS, CHARLES T
1857 WELLS RD
STE 200
ORANGE PARK, FL 32073
Macclenny, FL
32063-3719

6051 Deercreek Ln

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**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
NICHOLS, CHARLES T
1857 WELLS RD STE 200
ORANGE PARK, FL 32073

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Nichols, Charles T
6051 Deercreek Ln
Macclenny, FL 32063-3719

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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

04/22/06

(904) 264-3606

Date

Daytime Phone #