

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000061614

FILED
Feb 07, 2006
Secretary of State

Entity Name: MEDCOM TELECOMMUNICATIONS, INC.

Current Principal Place of Business:

1526 COMMERCIAL PARK DR
SUITE 5
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

PO BOX 5827
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 59-3456970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORAN, JAMES F JR
1526 COMMERCIAL PARK DR
SUITE 5
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MORAN, JAMES F JR
Address: 13938 75TH AVE
City-St-Zip: SEMINOLE, FL 33776

Title: D () Delete
Name: MORAN, PAULINE
Address: 13938 75TH AVE
City-St-Zip: SEMINOLE, FL 33776

Title: D () Delete
Name: MORAN, JUDI
Address: 13938 75TH AVE
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JUDI MORAN

D

02/07/2006

Electronic Signature of Signing Officer or Director

_____ Date