


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

558.75

DOCUMENT # P97000088890	
1. Entity Name GLADES TELECOMMUNICATIONS, INC.	

Principal Place of Business 100 CRESCENT COURT SUITE 1200 DALLAS TX 75201	Mailing Address 100 CRESCENT COURT SUITE 1200 DALLAS TX 75201
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2. Principal Place of Business - No P.O. Box # 817 W. Peachtree St NW Suite, Apt. #, etc. Ste 750 City & State Atlanta, GA Zip 30308 Country USA	3. Mailing Address 817 W. Peachtree St NW Suite, Apt. #, etc. Ste 750 City & State Atlanta, GA Zip 30308 Country USA
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2nd MOORE CR2E034 (4/08)

4. FEI Number 65-0799379	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BSPA CORPORATE SERVICES, INC. 350 E. LAS OLAS BLVD. SUITE 1000 FT. LAUDERDALE FL 33301
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  STEVEN D HICKEY, CONTROLLER Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when removing.) DATE

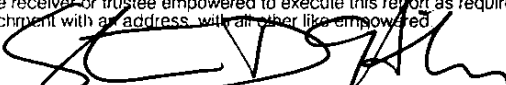
FILE NOW!!! FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State
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S. 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAVOLDELLI, PAUL 4581 WESTON ROAD WESTON FL 33331 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP ARMES, JOSEPH B 100 CRESCENT COURT, SUITE 1200 DALLAS TX 75201 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WILLIAM K. DOOD 817 W. Peachtree Street NW Ste 750 Atlanta, GA 30308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONTROLLER STEVEN HICKEY 817 W. Peachtree Street NW Ste 750 Atlanta GA 30308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	09/16/08 01013 025 **1656.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100135964151 09/16/08--01013--025 **1656.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8/9/15 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 other like empowered.
SIGNATURE:  STEVEN D HICKEY 8/30/8 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #