## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

NAME STREET ADDRESS CITY-ST-ZIP

## **FILED** Apr 27, 2007 08:00 AN DOCUMENT # P99000056394 **Secretary of State** Entity Name US TELESYSTEMS, INC. Principal Place of Business Mailing Address 100 SOUTH KENTUCKY AVENUE 100 SOUTH KENTUCKY AVENUE STE, 215 LAKELAND, FL 33801 STE. 215 LAKELAND, FL 33801 02092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3161050 \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent MIMS, WILLIAM T DO NOT WRITE 100 SOUTH KENTUCKY AVENUE SUITE 215 IN THIS SPACE LAKELAND, FL 33801 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. RIOTE, Registered Agent signature regulad when reinstating) Signature, typed or printed name of registered agent and title it applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE NAME MIMS, WILLIAM T STREET ADDRESS 100 SOUTH KENTUCKY AVENUE STE 215 LAKELAND, FL 33801 CSTY-ST-ZUP U00000736199 TITLE 05/10/07-80067-001 15n.mr NAME STREET ADDRESS CITY-ST-ZIP TELF NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE

12. I hereby certify that the information supplied with this filling 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 employees 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.

William T. Mims, Director 04-19-2007 (863) 683-9297 NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #