2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2007 8:00 am Secretary of State

Principal Place of Business Making Address SUNCHINE BLVD ORWIND EARLY FL 32174 2. Principal Place of Business No P.C. Box 2. Mailing Address Suite. April 4. Bit. Suite. Suite	DOCUMENT # P99000058533 1. Entity Name TELEPHONY RESOURCES, INC.						04-24-2007 90	0003 030 **	*150.0	00
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SKOW, JAMES 9 SUNSHINE BLVD ORMOND BEACH, FL 32174 2. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fooda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fooda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Sympto, specific amised never of registered agent are used. I accept the obligations of registered agent are used. I accept the obligations of registered agent. Or both, in the State of Fooda. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Fooda. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Fooda. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Fooda. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Fooda. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Fooda. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Fooda. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Fooda. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Fooda. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Fooda. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Fooda. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Fooda. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Fooda. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Fooda. I am familiar with, and accept the obligations of registered agent. State Now State Now		6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered Agen	ıt	
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referely that the information supplied with this filling does not quality for the exemptions contained in Chapter 19, Florida Statutes: 1 their certify that the information indicated on this report or supplied entail 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 attack ment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11

386-676-115

Daytine Phone #