2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000094311

FILED Apr 28, 2005 Secretary of State

Entity Nar	me: CITY-TE	_ COMMUNICATIONS, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
1560 MATTHEW DR., SUITE E FORT MYERS, FL 33907				1560 MATTHEW DR. SUITE E FORT MYERS, FL 33907			
Current Mailing Address:				New Mailing Address:			
1560 MATTHEW DR., SUITE E FORT MYERS, FL 33907				1560 MATTHEW DR. SUITE E FORT MYERS, FL 33907			
FEI Number:	: 65-0957987	FEI Number Applied For ()	FEI Nun	nber Not Appl	licable ()	Certificate of Status Desir	ed ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LYNN, DUSTIN 1560 MATTHEW DR., SUITE E FORT MYERS, FL 33907 US				LYNN, DUSTIN 1560 MATTHEW DR. SUITE E FORT MYERS, FL 33907 US			
	named entity e of Florida.	submits this statement for the	purpose o	f changing i	ts registered o	office or registered agent	, or both,
SIGNATUR	RE:			04/28/2005			
	Electro	nic Signature of Registered Ag	jent			Date	
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS	S AND DIREC	TORS:		ADDITION	IS/CHANGES	TO OFFICERS AND D	RECTORS:
Title: Name: Address: City-St-Zip:	D (LYNN, DUSTIN 316 S.W. 7TH CAPE CORAL,	TERR.		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D (TAYLOR, KEVI 1003 ACTON A LEHIGH ACRE	VENUE		Title: Name: Address: City-St-Zip:	TAYLOR, KEV	ATION PRESERVE CIR.	
Title: Name: Address: City-St-Zip:	COUTURE, CH	AKE MAHOGANY BLVD.		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

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