## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S39513

City-St-Zip:

STUART, FL

FILED Jun 18, 2009 Secretary of State

| Entity Nai                                    | me: TELAME   | EREALTY, INC.   |   |  |  |
|---|--|---|---|--|--|
| Current P                                     | rincipal Plac                                      | e of Business:  | New Principal Place                         | of Business:                                 |  |
| 2806 SW N<br>PALM CIT                         | MAPP RD.<br>Y, FL 34990                            |   |   |  |  |
| Current M                                     | lailing Addre                                      | ss:   | New Mailing Address                         | New Mailing Address:                         |  |
| 2806 SW N<br>PALM CIT                         | MAPP RD.<br>Y, FL 34990                            |   |   |  |  |
| FEI Number:                                   | : 65-0258219                                       | FEI Number Applied For ( )  | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |   | Name and Address o                          | Name and Address of New Registered Agent:    |  |
| LAMPA, TI<br>2806 SW I<br>PALM CIT            |  | US  |   |  |  |
|   | named entity<br>e of Florida.                      | submits this statement for the                                      | e purpose of changing its registered        | d office or registered agent, or both,       |  |
| SIGNATUR                                      | RE:  |   |   |  |  |
|   | Electro  | nic Signature of Registered A                                       | gent  | Date   |  |
|   |  | 93(2)(b), F.S., the corporation diding Trust Fund Contribution ( ). | not receive the prior notice.               |  |  |
| OFFICERS AND DIRECTORS:                       |  |   | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | DP (<br>LAMPA, TED E<br>1950 PALM CI<br>STUART, FL |   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:                   | D (<br>LAMPA, ANNA<br>1950 PALM CI                 |   | Title:<br>Name:<br>Address:                 | ( ) Change ( ) Addition                      |  |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TED E LAMPA DP 06/18/2009