


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90053 040 ***150.00

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| DOCUMENT # S54496 |  |
| 1. Entity Name VILLATEL, INC. | |

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| Principal Place of Business 2928 VINELAND ROAD KISSIMMEE, FL 34746 US | Mailing Address 2928 VINELAND ROAD KISSIMMEE, FL 34746 US |
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| 2. Principal Place of Business - No P.O. Box # 2941 Lucayan Harbour Circle | 3. Mailing Address Suite, Apt. #, etc. Same as Principal Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State Kissimmee FL | City & State Kissimmee FL |
| Zip 34746 | Country US |



01232008 Chg-P CR2E034 (12/06)

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| 6. Name and Address of Current Registered Agent COHAN, NEAL 2928 VINELAND ROAD KISSIMMEE, FL 34746 | |
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| 7. Name and Address of New Registered Agent Name: COHAN, Neal Street Address (P.O. Box Number is Not Acceptable): 2941 Lucayan Harbour Circle City: Kissimmee FL Zip Code: 34746 | |
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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: <u>Neal Cohan</u> DATE: <u>1/23/08</u> | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT COHAN, NEAL 2928 VINELAND ROAD KISSIMMEE, FL 34746 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS MCCULLOCH, THOMAS 2928 VINELAND RD KISSIMMEE, FL 34746 <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 |
| 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 | PT Cohan, Neal 2941 Lucayan Harbour Circle Kissimmee FL 34746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS McCulloch, Thomas 2941 Lucayan Harbour Circle Kissimmee FL 34746 <input checked="" 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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 all other like empowered. | |
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neal Cohan 1/23/08 407-397-0700
Date Daytime Phone #