## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000004108

Entity Name: NOVO 1 TELESERVICES, INC.

HENNEN, MICHAEL L

WAUKESHA, WI 53186

20825 SWENSON DR., SUITE 200

Name: Address:

City-St-Zip:

FILED Jan 18, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 20825 SWENSON DR., SUITE 200 WAUKESHA, WI 53186 **Current Mailing Address: New Mailing Address:** C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 FEI Number: 39-2036986 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition DALTON, GEORGE D Name: Name: 20825 SWENSON DR., SUITE 200 Address: Address: City-St-Zip: WAUKESHA, WI 53186 City-St-Zip: Title: DVS Title: () Delete () Change () Addition Name: O'REILLY, TERRENCE M Name: 20825 SWENSON DR., SUITE 200 Address: Address: WAUKESHA, WI 53186 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete (X) Change ( ) Addition MISWALD, R SCOTT HANSEN, DEAN Name: Name: 20825 SWENSON DR., SUITE 200 20825 SWENSON DR., SUITE 200 Address: Address: City-St-Zip: WAUKESHA, WI 53186 City-St-Zip: WAUKESHA, WI 53186 Title: ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: TERRENCE M. O'REILLY VS 01/18/2006