

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000002503

FILED  
Feb 18, 2008  
Secretary of State

Entity Name: T3 COMMUNICATIONS, INC.

**Current Principal Place of Business:**

2401 1ST. STREET  
SUITE 300  
FT. MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2401 1ST. STREET  
SUITE 300  
FT. MYERS, FL 33901

**New Mailing Address:**

FEI Number: 59-3765301      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SEWALL, ADAM P  
2401 1ST. STREET  
SUITE 300  
FT. MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

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:**

Title: D ( ) Delete  
Name: SEWALL, ADAM  
Address: 2401 1ST. STREET SUITE 300300  
City-St-Zip: FT. MYERS, FL 33901 US

Title: D ( ) Delete  
Name: HENDERSON, RANDALL  
Address: 1404 DEAN ST., SUITE 100  
City-St-Zip: FT. MYERS, FL 33901 US

Title: D ( ) Delete  
Name: JONES, STEVEN  
Address: 2401 1ST. STREET  
City-St-Zip: FT. MYERS, FL 33901 US

Title: D ( ) Delete  
Name: CONRAD, STUART  
Address: 1220 TROON COURT  
City-St-Zip: ALPHARETTA, GA 30005 US

Title: D ( ) Delete  
Name: YEATTER, TAD  
Address: 13051 N. CLEVELAND AVE.  
City-St-Zip: NORTH FT. MYERS, FL 33903 US

Title: D ( ) Delete  
Name: SHIMP, STEVE  
Address: 823 CYPRESS LAKE CIRCLE  
City-St-Zip: FT. MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ADAM SEWALL

D

02/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date