4

2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # F98000004382 1. Entity Name IDT AMERICA, CORP. Principal Place of Business Mailing Address **520 BROAD STREET 520 BROAD STREET** NEWARK, NJ 07102 NEWARK, NJ 07102 CR2E034 (11/05) 01252007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3312697 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be Un0000611960 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees *02/02/07-80089-001 150.0*0 OFFICERS AND DIRECTORS 10. CCEO ISILE JONAS, HOWARD S NAME STREET ADDRESS 520 BROAD STREET NEWARK, NJ 07102 CHTY-ST-ZIP TITLE NAME COURTER, JAMES A STREET ADDRESS 520 BROAD STREET NEWARK, NJ 07102 CITY-ST-ZIP HILE NAME KNOLLER, MARC E STREET ADDRESS 520 BROAD STREET DO NOT WRITE CITY-ST-ZIP NEWARK, NJ 07102 IN THIS SPACE HILE MASON, JOYCE J NAME 520 BROAD STREET STREET ADDRESS CITY-ST-ZIP **NEWARK, NJ 07102** TITLE BROWN, STEPHEN R NAME 520 BROAD STREET STREET ADDRESS CITY - ST-ZIP NEWARK, NJ 07102 TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Jan 31, 2007 08:00 AM