2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007
Secretary of State

DOCUMENT# P02000021579

Entity Name: CALLUENG HOLDING COMPANY, INC.

Current Principal Place of Business:

5780 W PINE CIRCLE
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

5769 N ELKCAM BLVD
BEVERLY HILLS, FL 34465

Current Mailing Address:

8468 PERIWINKLE LANE
HOMOSASSA, FL 34446

New Mailing Address:

FEI Number: 04-3627757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALLUENG, JOSE M.D.
8468 W PERIWINKLE LANE
HOMOSASSA, FL 34446 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: CALLUENG, JOSE M.D.
Address: 2962 BEAMWOOD DR
City-St-Zip: BEVERLY HILLS, FL 34465

Title: D ( ) Delete
Name: CALLUENG, ZINNIA MD
Address: 2962 BEAMWOOD DR
City-St-Zip: BEVERLY HILLS, FL 34465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CALLUENG, JOSE M.D.
Address: 5769 N ELKCAM BLVD
City-St-Zip: BEVERLY HILLS, FL 34465

Title: D (X) Change ( ) Addition
Name: CALLUENG, ZINNIA MD
Address: 5769 N ELKCAM BLVD
City-St-Zip: BEVERLY HILLS, FL 34465

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.

SIGNATURE: JOSE AD CALLUENG,M.D. D 03/13/2007

Electronic Signature of Signing Officer or Director Date