

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004212

Entity Name: WHO'S CALLING, INC.

FILED  
Jan 17, 2006  
Secretary of State

## Current Principal Place of Business:

5210 CARILLON POINT  
KIRKLAND, WA 98033

## New Principal Place of Business:

## Current Mailing Address:

5210 CARILLON POINT  
KIRKLAND, WA 98033

## New Mailing Address:

FEI Number: 91-1924099

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: CEO ( ) Delete  
Name: STAPLETON, JOHN  
Address: 5210 CARILLON POINT  
City-St-Zip: KIRKLAND, WA 98033

Title: VSTD ( ) Delete  
Name: BENSON, LONNIE  
Address: 13400 NE 20TH STE 28  
City-St-Zip: BELLEVUE, WA

Title: SGC ( ) Delete  
Name: CARLETON, WILLIAM  
Address: 5210 CARILLON POINT  
City-St-Zip: KIRKLAND, WA 98033

Title: COO (X) Delete  
Name: DE PINA, STUART  
Address: 5210 CARILLON PL  
City-St-Zip: KIRKLAND, WA 98033

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: DEPINA, STUART  
Address: 5210 CARILLON POINT  
City-St-Zip: KIRKLAND, WA 98033

Title: CFO (X) Change ( ) Addition  
Name: HOGUE, BERT  
Address: 5210 CARILLON POINT  
City-St-Zip: KIRKLAND, WA 98033

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 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: BERT HOGUE

CFO

01/17/2006

Electronic Signature of Signing Officer or Director

Date