

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 26, 2004 8:00 am
Secretary of State**

04-26-2004 90531 022 ***150.00

DOCUMENT # F01000006443		
1. Entity Name RECALL TOTAL INFORMATION MANAGEMENT, INC.		

Principal Place of Business 555 NORTH POINT CENTER EAST THIRD FLOOR ALPHARETTA, GA 30022	Mailing Address 555 NORTH POINT CENTER EAST THIRD FLOOR ALPHARETTA, GA 30022
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2. Principal Place of Business 180 Technology Pkwy. Suite, Apt. #, etc. Room 600	3. Mailing Address 180 Technology Pkwy. Suite, Apt. #, etc. Room 600
City & State Norcross, GA	City & State Norcross, GA
Zip 30092	Country USA
Zip 30092	Country USA

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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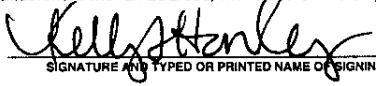
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRUJILLO, ALFREDO 555 NORTH POINT CENTER EAST ALPHARETTA, GA 30022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 180 Technology Pkwy. Norcross, GA 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHMIDT, MELISSA L 555 NORTH POINT CENTER EAST ALPHARETTA, GA 30022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 180 Technology Pkwy., Rm. 600 Norcross, GA 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD DUSKIN, T. DOUGLAS 555 NORTH POINT CENTER EAST ALPHARETTA, GA 30022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 180 Technology Pkwy., Rm. 600 Norcross, GA 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HABBU, AJIT 555 NORTH POINT CENTER EAST ALPHARETTA, GA 30022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 180 Technology Pkwy. Norcross, GA 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CLEAVENGER, ROBIN 555 NORTH POINT CENTER EAST ALPHARETTA, GA 30022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 180 Technology Pkwy., Rm. 600 Norcross, GA 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HOWLEY, KELLY 1100 PEACHTREE ST., SUITE 2800 ATLANTA, GA 30309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE: 
Kelly A. Howley 4-20-04 404-815-6323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #