2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # F03000002263



FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90355 050 ***150.00

| 1. Entity Name MASTER CALL COMMUNICATIO | NS, INC. | | | | |
|---|--|--|--|--------------------|--|
| Principal Place of Business | Mailing Address | | 400 | | |
| 50 BROADWAY, SUITE 1109 NEW YORK, NY 10004 | 50 BROADWAY, SUITE NEW YORK, NY 10004 | | | | |
| 2. Principal Place of Business | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 01172006 Chg-P CR2E034 (11/05) | | |
| City & State | City & State | | 4. FEI Number Applied Fo 22-3630050 Not Applie | | |
| Zíp Country | Zip | Country | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | |
| Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MANITCIDINA ZINIAIDA | | Name | Name | | |
| MANTSIRINA, ZINAIDA 41 WHITE DOVE LANE PALM COAST, FL 32164 | | Street Ac | ldress (P.O. Box Number is Not Acceptable) | | |
| · | | | | | |
| | | City | FL Zip Code | | |
| The above named entity submits this stateme the obligations of registered agent. | nt for the purpose of changing its | registered office or | registered agent, or both, in the State of Florida. I am familiar with, and acc | cept | |
| SIGNATURESignature, typed or printed name of registered a | agent and title if applicable, (NOT | E: Registered Agent signatu | re required when reinstating) DATE | | |
| | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$5 | 9. Election Campa 50.00 Trust Fund Con | | \$5.00 May Be Added to Fees | | |
| After May 1, 2006 Fee will be \$55 | ' | tribution. | Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| After May 1, 2006 Fee will be \$55 10. OFFICERS A | 50.00 Trust Fund Con | 11. | Added to Fees | dition | |
| After May 1, 2006 Fee will be \$5 10. OFFICERS A TITLE PC NAME TSOUTIEV, ROUSIAN | Trust Fund Con | 11. TITLE NAME | Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | dition | |
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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 discrete 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.

SIGNATURE: _

Karlaum sals-SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

212-324-1221

Daytime Phone #