2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007060

Entity Name: CALWIL, INC

FILED May 01, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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450 HILLSIDE DR., BLDG B, STE 200 MESQUITE, NV 89027

Current Mailing Address: New Mailing Address:

450 HILLSIDE DR., BLDG B, STE 200 MESQUITE, NV 89027

FEI Number: 20-5454071 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEPHENS, LYNDA STEPHENS, LYNDA 9117 LINKS DRIVE 9117 LINKS DRIVE FT MYERS, FL 33913 US FORT MYERS, FL 33913 US

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: LYNDA STEPHENS 05/01/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

STEPHENS, KEVIN STEPHENS, KEVIN Name: Name:

PO BOX 3326 450 HILLSIDE DR., BLDG B, STE 200 Address: Address:

City-St-Zip: MESQUITE, NV 89024 City-St-Zip: MESQUITE, NV 89027

Title: Title: () Change () Addition () Delete

Name: STEPHENS, LYNDA Name: 450 HILLSIDE DR., BLDG B, STE 200 Address: Address: MESQUITE, NV 89027 City-St-Zip: City-St-Zip:

Title: Title: () Delete () Change () Addition

ROSS, BRENDA Name: Name: Address: Address:

450 HILLSIDE DR., BLDG B, STE 200 City-St-Zip: MESQUITE, NV 89027 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LYNDA STEPHENS **PRES** 05/01/2007