


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 01, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # F99000001929</b> 1. Entity Name DIAL-THRU, INC.	
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Principal Place of Business 17383 SUNSET BLVD SUITE 350 PACIFIC PALISADES, CA 90272	Mailing Address 1720 WINDWARD CONCOURSE SUITE 250 ALPHARETTA, GA 30005
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01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 75-2777065	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MURDOCH, RICHARD A 980 N FEDERAL HWY, STE 410 BOCA RATON, FL 33432	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JENKINS, JOHN 17383 SUNSET BLVD STE 350 PACIFIC PALISADES, CA 90272
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS SCIARILLO, ALLEN J 17383 SUNSET BLVD STE 350 PACIFIC PALISADES, CA 90272
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VIERRA, LAWRENCE 17383 SUNSET BLVD STE 350 PACIFIC PALISADES, CA 90272
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

**SIGNATURE:** Allen Sciarillo **1/19/05** **310 566 1700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #