

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90221 001 \*\*\*\*61.25

<b>DOCUMENT # N94000003470</b> 1. Entity Name <b>CALL COMMUNICATIONS GROUP, INC.</b>			
Principal Place of Business <b>10700 CARIBBEAN BLVD</b> <b>202-D</b> <b>MIAMI, FL 33189 US</b>		Mailing Address <b>10700 CARIBBEAN BLVD</b> <b>202-D</b> <b>MIAMI, FL 33189 US</b>	
2. Principal Place of Business - No P.O. Box # <b>8900 SW 68 ST.</b> Suite, Apt. #, etc. <b>BUILDING 4000, 2ND FLOOR</b> City & State <b>PALMETTO BAY, FL</b> Zip <b>33157</b> Country <b>US</b>		3. Mailing Address <b>P.O. BOX 561832</b> Suite, Apt. #, etc. City & State <b>MIAMI, FL</b> Zip <b>33256-1832</b> Country <b>US</b>	
4. FEI Number <b>65-0517726</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROBBINS, ROBERT J</b> <b>10700 CARIBBEAN BLVD STE 202-D</b> <b>MIAMI, FL 33189</b>		7. Name and Address of New Registered Agent Name <b>ROBERT J. ROBBINS</b> Street Address (P.O. Box Number is Not Acceptable) <b>8900 SW 68 TH ST</b> <b>BUILDING 4000, 2ND FLOOR</b> City <b>PALMETTO BAY</b> FL Zip Code <b>33157</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>ROBERT J. ROBBINS, PRESIDENT</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME ROBBINS, ROBERT J STREET ADDRESS 10700 CARIBBEAN BLVD 202-D CITY-ST-ZIP MIAMI, FL 33189	<input type="checkbox"/> Delete	TITLE PD NAME ROBBINS, ROBERT J. STREET ADDRESS 8900 SW 68 ST, BLDG. 4000, 2ND FLOOR CITY-ST-ZIP PALMETTO BAY, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME REYES, JUAN F STREET ADDRESS 6614 SW 128TH CT CITY-ST-ZIP MIAMI, FL 33183	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME HOFFMAN, SCOTT A STREET ADDRESS 14693 64TH COURT NORTH CITY-ST-ZIP LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME GOLOB, MARTIN D STREET ADDRESS 10700 CARIBBEAN BLVD 202-D CITY-ST-ZIP MIAMI, FL 33189	<input type="checkbox"/> Delete	TITLE D NAME GOLOB, MARTIN D STREET ADDRESS 8900 SW 68 ST, BLDG 4000, 2ND FL CITY-ST-ZIP PALMETTO BAY, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME PAPPAS, TIMOTHY STREET ADDRESS 2121 SW 3RD AVE CITY-ST-ZIP MIAMI, FL 33129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME RUMP, RICHARD STREET ADDRESS 8400 SW 174 ST CITY-ST-ZIP MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE D NAME REED, JEFF STREET ADDRESS 8900 SW 68 ST, BLDG. 4000, 2ND FL CITY-ST-ZIP PALMETTO BAY, FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>ROBERT J. ROBBINS, PRESIDENT</b> <small>Date</small> <b>4/29/08</b> <small>Daytime Phone #</small> <b>3056627736</b>	