2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0000008415 1. Entity Name FAIRCALL CORPORATION									SE	CRt (A.	PM 1	ATE
Principal Place of Business 101 SE 6TH AVENUE SUITE D DELRAY BEACH, FL 33483				Mailing Address 101 SE 6TH AVENUE SUITE D DELRAY BEACH, FL 33483							·	
Principal Place of Business 1658 Gailes Blvd.				3. Mailing Address 1658 Gailes Blvd.								
Suite, Apt. #, etc. Suite B				Suite, Apt. #, etc. Suite B				02162006	Chg-P	CR	2E034 (11/05)	
City & State San Diego, California				City & State San Diego, California				4. FEI Number 52-1873855			├!	oplied For lot Applicable
Zip 92154		Country US		^{Zip} 92154	Coun	•		<u> </u>	of Status Desi	·	\$8.75 Ad Fee Requir	
6. Name and Address of Current Registered Agent TURNER, ANTHONY MR. 101 SE 6TH AVENUE STE D DELRAY BEACH, FL 33483						7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassec FL Zip Code 32301						
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, howed or privided name of registered agent and lift of state of Florida. I am familiar with, and accept the obligations of registered agent. Deborah D. Skipper HO1 2006 (NOTE: Reg 38 for a Visual Private reinstating) DATE												
00, 01, 01											**158.75	
10. TITLE NAME STREET ADDRESS		ANTHONY S		X Delete	11. TITLE NAME STRE	1	Grego	dent, Director prio Galicot Gailes Blvd.,		OFFICERS A	Change	Addition
CITY-ST-ZIP TITLE NAME	DELRAY I STD MILES, FF	REDERICK B	83	☐ Delete	CITY- TITLE NAME	-ST-ZIP :	San D Vice I Rafae	Diego, CA 92 President, Dir I Galicot	154 ector	, , , , , , , , , , , , , , , , , , ,	☐ Change	Addition
STREET ADDRESS CITY-ST-TIP TITLE		H AVENUE SUI BEACH, FL 334		☐ Oelete	CITY		San D	Gailes Blvd., Diego, CA 92 tary, Director	154		☐ Change	⊠ Addition
NAME STREET ADDRESS CITY-ST-ZIP						e et adoress -st-zip	60 Ad	ony Lacavera lelainde St., E ito, ON M5C		3		
TITLE NAME STREET ADDRESS CITY-ST-ZP				☐ Delete			Brian 1658	urer, Director Rhys Gailes Blvd., iego, CA 92	Suite B		☐ Change	■ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delate		1	101 SI	or rick B. Miles E 6th Ave., St ay Beach, FL			☐ Change	⊠ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		<u> </u>		☐ Delete		1					☐ Change	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 trueland 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 toustee 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: Rafael Galicot, Vice President 4/18/06 619-661-6661 SIGNATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR Date Chapter Prone #												

FILED