2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State
04-12-2007 90048 003 ***150.00

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DOCUMENT # P00000083826

1. Entity Name
SHORT CALL, INC.

Principal Place of Business	Mailing Address
5675 HWY 90, STE. A MILTON, FL 32583	P O BOX 476 MILTON, FL 32572

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5675 Hwy 90	(SAME)
Suite, Apt. #, etc. D	Suite, Apt. #, etc.
City & State milton fl.	City & State
Zip 32583 Country SantaRosa Florida 32583	Zip Country

01052007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3667894 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOMEY, II, GARY R
5675 HWY 90, STE. A
MILTON, FL 32583

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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] 4/30/7
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO BOND, TODD 4857 B SOUNDSIDE DR GULF BREEZE, FL 32563	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO longer ON Board!	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO TOMEY, GARY 4225 DANA DR MILTON, FL 32571	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO. Gary Tomey II 5675 Hwy 90 #D milton fl. 32583	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 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: [signature] 4/30/7
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #