2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State
01-19-2006 90074 024 ***158.75

DOCUMENT # P02000021579

1. Entity Name
CALLUENG HOLDING COMPANY, INC.

Principal Place of Business	Mailing Address
2962 BEAMWOOD DR BEVERLY HILLS, FL 34465	2962 BEAMWOOD DR BEVERLY HILLS, FL 34465

01152006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
5780 W. Pine Circle	8468 Periwinkle Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crystal River, FL	City & State: Homosassa, FL
Zip: 34429 Country: USA	Zip: 34446 Country: USA

4. FEI Number 04-3627757 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CALLUENG, JOSE M.D.
2962 BEAMWOOD DR
BEVERLY HILLS, FL 34465

7. Name and Address of New Registered Agent

Name: Callueng, Jose M.D
Street Address (P.O. Box Number is Not Acceptable): 8468 W. Periwinkle Lane
City: Homosassa FL Zip Code: 34446

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] Zinnia G. Callueng — DATE: 1/16/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CALLUENG, JOSE M.D.		NAME	
STREET ADDRESS	2962 BEAMWOOD DR		STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CALLUENG, ZINNIA MD		NAME	
STREET ADDRESS	2962 BEAMWOOD DR		STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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] MD ZINNIA G. CALLUENG, M.D. — 1/16/06 — (352) 628-7270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #