

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000063859

Entity Name: CALL MY REALTOR, CORP.

FILED  
Aug 25, 2006  
Secretary of State

## Current Principal Place of Business:

5400 S.UNIVERSITY DRIVE  
BLDG. L-STE 603  
DAVIE, FL 33328

## New Principal Place of Business:

## Current Mailing Address:

5400 S.UNIVERSITY DRIVE  
BLDG. L-STE 603  
DAVIE, FL 33328

## New Mailing Address:

FEI Number: 82-0552271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GIFFARD, SUSSETTE J  
13401 SW 6TH CT  
DAVIE, FL 33325 US

## Name and Address of New Registered Agent:

GIFFARD, SUSSETTE J  
8600 SW 6TH CT  
DAVIE, FL 33324 US

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.

SIGNATURE: SUSSETTE J.GIFFARD

08/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GIFFARD, SUSETTE J  
Address: 13401 SW 6TH CT  
City-St-Zip: DAVIE, FL 33325

Title: S ( ) Delete  
Name: GIFFARD, WILLIAM F  
Address: 13401 SW 6TH CT  
City-St-Zip: DAVIE, FL 33325

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GIFFARD, SUSETTE J  
Address: 8600 SW 21 CT  
City-St-Zip: DAVIE, FL 33324

Title: S (X) Change ( ) Addition  
Name: GIFFARD, WILLIAM F  
Address: 8600 SW 21 CT  
City-St-Zip: DAVIE, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F. GIFFARD

SECY

08/25/2006

Electronic Signature of Signing Officer or Director

Date