

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000063859

Entity Name: CALL MY REALTOR, CORP.

FILED
Jan 04, 2007
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
8600 SW 6TH CT
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

GIFFARD, SUSSETTE J
8600 SW 21TH 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.GOFFARD

01/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SUSSETTE J. GIFFARD

PRES

01/04/2007

Electronic Signature of Signing Officer or Director

Date