2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090148

Entity Name: ONE CALL CURES ALL. INC.

FILED May 23, 2006 Secretary of State

Littly Na	IIIE. ONE CA	LE CORES ALL, INC.			
Current Principal Place of Business:			New Principal Place	of Business:	
PO BOX 9 LAKE MAF	51312 RY, FL 32795	312 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX LAKE MAF	951312 RY, FL 327951	312 US			
FEI Number	: 90-0048752	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
PO BOX 9 SANFORE	ORE, LAURA 51312 (1727 k), FL 3279513	(AY DRIVE) 12 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ROQUEMORE	12 (1727 KAY DRIVE)	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ROQUEMORE	12 (1727 KAY DRIVE)	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: LAURA JANE ROQUEMORE PTD 05/23/2006