


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90377 002 ***150.00

DOCUMENT # P04000073059	
1. Entity Name CALL 2112 FLORIDA INVESTMENT, INC.	

Principal Place of Business 12701 S. JOHN YOUNG PARKWAY SUITE 207 ORLANDO, FL 32837 US	Mailing Address 12701 S. JOHN YOUNG PARKWAY SUITE 207 ORLANDO, FL 32837 US
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2. Principal Place of Business 3708 TOWN CENTER BLVD	3. Mailing Address 3708 TOWN CENTER BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORLANDO FL	City & State ORLANDO FL
Zip 32837	Zip 32837
Country	Country



04272006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1509736	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DE ANDRADE VIEIRA, LUIS M 12701 S. JOHN YOUNG PARKWAY SUITE 207 ORLANDO, FL 32837	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE ANDRADE VIEIRA, LUIS M 12701 S. JOHN YOUNG PARKWAY #207 ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LORA BETANCOURT, ANTONIO J 12701 S. JOHN YOUNG PARKWAY #207 ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DE ANDRADE DEPEREIRA, MARIA DEL C. 12701 S. JOHN YOUNG PARKWAY #207 ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DE ANDRADE, MARIA DEL C.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROLDAN, PAOLA 13083 RUIDOSA LOOP ORLANDO, FL 32837 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **4/27/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #