

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90056 003 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     |                                                                                                                                                                                               |                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P05000074572</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |                                                                                                              |                                                                                                                                       |
| 1. Entity Name<br><b>TOUCH-N-CALL CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                     |                                                                                                                                                                                               |                                                                                                                                       |
| Principal Place of Business<br><b>11586 NW 4 LANE<br/>MIAMI, FL 33172</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     | Mailing Address<br><b>11586 NW 4 LANE<br/>MIAMI, FL 33172</b>                                                                                                                                 |                                                                                                                                       |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     | 3. Mailing Address                                                                                                                                                                            |                                                                                                                                       |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                     | Suite, Apt. #, etc.                                                                                                                                                                           |                                                                                                                                       |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     | City & State                                                                                                                                                                                  |                                                                                                                                       |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country                                                                                             | Zip                                                                                                                                                                                           | Country                                                                                                                               |
| 4. FEI Number<br><b>51-0544561</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     | Applied For<br>Not Applicable                                                                                                                                                                 |                                                                                                                                       |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     | \$8.75 Additional Fee Required                                                                                                                                                                |                                                                                                                                       |
| 6. Name and Address of Current Registered Agent<br><b>YON, OMAR R<br/>15411 SW 77 CIRCLE LANE #203<br/>MIAMI, FL 33193</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                     | 7. Name and Address of New Registered Agent<br>Name <b>OMAR R. YON</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>11586 N.W. 4 LANE</b><br>City <b>MIAMI</b> FL <b>33172</b> |                                                                                                                                       |
| 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 <b>X</b><br><i>[Signature]</i><br>Signature, typed or printed name of registered agent and title if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     | DATE <b>4-27-07</b><br>DATE                                                                                                                                                                   |                                                                                                                                       |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                     | 9. Election Campaign Financing<br>Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                               |                                                                                                                                       |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                         |                                                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | P<br>YON, OMAR R<br>15411 SW 77 CIRCLE LANE #203<br>MIAMI, FL 33193 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                | P<br>OMAR R. YON<br>11586 N.W. 4 LANE<br>MIAMI, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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 disclosed 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 807, 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: <b>X</b><br><i>[Signature]</i><br>Signature and typed or printed name of signing officer or director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     | DATE <b>4-27-07</b> <b>X</b> <b>305/4390772</b><br>Date                                                                                                                                       |                                                                                                                                       |

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04282007 Chg-P CR2E034 (12/08)