## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 22, 2007 8:00 am Secretary of State

DOCUMENT # P06000042063  1. Entity Name CALL IT! INC.								02-0	2-20	007 9000	05 050 *	**150.00
Principal Place of Business Mailing Address												
1341 ARBOR VISTA LOOP #237 LAXE MARY, FL 32746				1341 ARBOR VISTA LOOP #237 LAKE MARY, FL 32746							• •	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address						<del></del>						
Suite, Apt. #, etc.				Suite. Apt. #. etc.			01242007	Chg-P		CRZEC	34 (12/06)	
City & State			,	City & State			4. FEI Numb	~- OJ	<b>₹</b>	(08)	_ —	oplied For ot Applicable
Zip	Country			Zip Çoun		itry	5. Certificati	of Status De	sired		\$8.75 Ad Fee Require	
	6. Name	and Address of Cui	rent Regis	tered Agent	<del></del>	Name	7. Name an	d Address of	New F	Registered	Ageni	
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E						Street Address (P.O. Box Number is Not Acceptable)						
PALM BEACH GARDENS, FL 33410												
	. •					City				FL	Zip Cox	le
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_	Signature, typed	for printed name of regimenal	ese una page	f applicable. (NO	TE: Registere	rd Agent agnerium requi	न्तर्थ भोका स्वावंद्रां स्था			DATE		<del></del>
FiL After Ma	E NOW!!!	FEE IS \$150.00 7 Fee will be \$5	50.00	9. Election Camp. Trust Fund Cor			5.00 May Be dded to Fees					
10.		OFFICERS	AND DIREC		11.		ADDITIONS	/CHANGES T	O OFF	ICERS AND	DIRECTOR	
TITLE	D Delete Hill GONZALEZ, LUIS					1					Change	Addition
STREET ADDRESS CITY-ST-ZIP	1					ET ADDRESS - ST-ZIP						
TITLE				☐ Delele	TITL						☐ Change	☐ Addition
NAME STREET ADORESS CITY-ST-ZIP						E ET Adoress - St-28P						:
TITLE		•		☐ Delete	TITL	E					Change	Addition
STREET ADDRESS CITY+ST+ZIP						ET ADORESS -ST-ZP						-
THILE		-		☐ Delcie	TITL						Change	Addition
HAME STREET ADDRESS CITY-ST-ZIP						et adoress -s1-zip						
WILE			-	Defene	IIIL	1					Change	Addition
SIPEET ADDRESS CITY-ST-ZIP						e Eti address -st-ap						
TITLE				☐ Delete	1/11						☐ Change	Addition
MAME STREET ADDRESS CHY-SI-ZIP				_ oura	NAM STRE							August a substitute (
12. I hereby of indicated of the corrections	certify that the on this reportion or the or on an atte	è information supplied et or supplemental par he receiver or trasti d actiment with suland	with this fi port is true a emperyored ess with all	ling does not qualify lend accurate and that to execute this report other like empowered other like empowered	for the exi my signa t as requi	emptions contain ture shall have the red by Chapter 6	ed in Chapter 11: e same legal elle i07, Florida Statuti	9, Florida State of as if made u es; and that m	utes. I Inder o y nami	further cert bath; that I a e appears it	ify that the is im an officer in Block 10 o	nformation or director Block 11 If
indicated on this report or supplemental aport 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 typical emprended to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with shall other like empowered.  SIGNATURE:												