2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19595

FILED Jan 09, 2006 Secretary of State

Entity Name: INTELLICALL OPERATOR SERVICES, INC.

Current Principal Place of Business:			s:	New Principal Place of Business:	
	GRASS VILLA	GE CIRCLE			
UITE 30 ONTE VE	EDRA BEACH	, FL 32082	US		
urrent M	lailing Addres	ss:		New Mailing Addr	ress:
	GRASS VILLA	GE CIRCLE			
UITE 30 ONTE VE	EDRA BEACH	, FL 32082	US		
El Number	: 75-2166054	FEI Number	Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of C	Current Regi	stered Agent:	Name and Addres	s of New Registered Agent:
	REDERICK COMMUNICAT		STE 30		
	'GRASS VILLA EDRA BEACH				
ONTE VE ne above	EDRA BEACH	FL 32082 (JS	purpose of changing its registe	ered office or registered agent, or both,
ONTE VE he above the State	EDRA BEACH named entity e of Florida.	FL 32082 (JS	purpose of changing its registe	ered office or registered agent, or both,
ONTE VE ne above the State	EDRA BEACH named entity of Florida. RE:	FL 32082 (JS		ered office or registered agent, or both, Date
ONTE VI	EDRA BEACH named entity of Florida. RE:	FL 32082 (submits this s	JS statement for the of Registered Ag		
ONTE VIII THE ABOVE THE STATE GNATUR Continue Continu	EDRA BEACH named entity of Florida. RE: Electror	FL 32082 (submits this spinits	JS statement for the of Registered Ag	ent	
ONTE VI	e named entity of Florida. RE: Electror mpaign Financin S AND DIRECT MORTON, JR.,	submits this solution in Signature g Trust Fund C TORS: Delete C. READ ACHTREE STRE	JS statement for the of Registered Ag	ent	Date
ONTE VI	EDRA BEACH e named entity e of Florida. RE: Electron mpaign Financin S AND DIREC S (MORTON, JR., 600 WEST PE, ATLANTA, GA T (BROOKS, H. E 5000 SAWGRA	submits this some Signature of Tors: Delete C. READ ACHTREE STRE 30308 Delete DWARD	Statement for the of Registered Agrontribution ().	ent ADDITIONS/CHAN Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTOR

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: H. EDWARD BROOKS T 01/09/2006