


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90310 037 ***150.00

DOCUMENT # P95000067049 1. Entity Name WHOLESALE LONG DISTANCE, INC.																																																					
Principal Place of Business 3347 NW 53RD CIRCLE BOCA RATON, FL 33946 US			Mailing Address 3347 NW 53RD CIRCLE BOCA RATON, FL 33496 US																																																		
2. Principal Place of Business 12020 OAKVISTA DR Suite, Apt. #, etc.		3. Mailing Address 12020 OAKVISTA DR Suite, Apt. #, etc.																																																			
City & State BOYNTON BEACH, FL Zip 33437 Country US		City & State BOYNTON BEACH, FL Zip 33437 Country US		4. FEI Number 65-0652296 Applied For <input type="checkbox"/> Not Applicable																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04212005 Chg-P CR2E034 (10/03)																																																	
6. Name and Address of Current Registered Agent FAGIN, RICHARD 3347 NW 53RD CIRCLE BOCA RATON, FL 33496			7. Name and Address of New Registered Agent Name RICHARD FAGIN Street Address (P.O. Box Number is Not Acceptable) 12020 OAKVISTA DRIVE City BOYNTON BEACH FL Zip Code 33437																																																		
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 <i>[Signature]</i> DATE 4/21/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:40%;">PRES FAGIN, RICHARD 3347 NW 53RD CIRCLE BOCA RATON, FL</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES FAGIN, RICHARD 3347 NW 53RD CIRCLE BOCA RATON, FL	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:40%;">PRES. RICHARD FAGIN 12020 OAKVISTA DR. BOYNTON BEACH, FL 33437</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES. RICHARD FAGIN 12020 OAKVISTA DR. BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.																																																					
SIGNATURE: <i>[Signature]</i> RICHARD H. FAGIN 4/21/05 561 732-0470 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																					