2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000056301

Entity Name: INTELECALL COMMUNICATIONS, INC.

FILED Dec 04, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
	4004 A NA4 400 D D N / E

11900 BISCAYNE BLVD., STE. 201 1001 NW 163 DRIVE MIAMI, FL 33181 1001 NW 163 DRIVE MIAMI, FL 33169

Current Mailing Address: New Mailing Address:

11900 BISCAYNE BLVD., STE. 201 1001 NW 163 DRIVE MIAMI, FL 33181 1001 NW 163 DRIVE

FEI Number: 65-0845246 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 KRUGLY, CARY
 ASAD, ISSA

 1001 NW 163 DRIVE
 1001 NW 163 DRIVE

 MIMAI, FL 33169 US
 MIAMI, FL 33169 US

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.

SIGNATURE: ISSA ASAD 12/04/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: () Change () Addition

 Name:
 KRUGLY, CARY
 Name:

 Address:
 1001 NW 163 DRIVE
 Address:

 City-St-Zip:
 MIAMI, FL 33169
 City-St-Zip:

Title: COO () Delete Title: () Change () Addition

 Name:
 NETWORK ENHANCED COM, MUNICATIONS IN C
 Name:

 Address:
 255 SW 198 TERRACE
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33029
 City-St-Zip:

Title: COO (X) Delete Title: () Change () Addition

 Name:
 STARTEGIC TRADING SE, RVICE
 Name:

 Address:
 1020 NW 163 DRIVE
 Address:

 City-St-Zip:
 MIAMI, FL 33169
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARY KRUGLY PSD 12/04/2004