2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18, 2005 08:00 AM Secretary of State

	ANNUAL	Feb 18, 2005 08:00			
1. Entity Nan		96		Secretary of St	at
TOTAL C	CALL INTERNATIONAL, INC.				
1 .	ce of Business	Mailing Address		•	
707 WILSHII 9th Floor		1720 WINDWARD CONCOURSE STE 250			
LOS ANGELE	ES, CA 90071	ALPHARETTA, GA 30005)	1
		<u> </u>			
				02082005 No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN THIS			PACE	4. FEI Number Applied Fo	
				33-0858351 Not Applica 5. Certificate of Status Desired \$8.75 Additional	able
	6. Name and Address of Current Re	gistered Agent		Fee Required	
NATIONAL	L CORPORATE RESEARCH, LTD	INC			
103 N. ME	RIDIAN STREET	~., IIIO.		DO NOT WRITE	
IALLAHA	SSEE, FL 32301-0000			IN THIS SPACE	
					i
	named entity submits this statement for the flons of registered agent.	e purpose of changing its registere	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and acce	ept
SIGNATURE.			<u></u>		ļ
	Signature, typed or printed name of registered agent and	itle if applicable (NOTE, Registered	Agent signature required	when reinstating) DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing \$5.	.00 May Be ed to Fees	
10.	OFFICERS AND DIF	ECTORS			
TITLE NAME	PD LEAFSTEDT, MARK				ľ
STREET ADDRESS	707 WILSHIRE BLVD 9TH FLOOR				
CITY-ST-ZIP	LOS ANGELES, CA 90071 VCSD			U00000234432	- 1
NAME	ING, DANNY			80021-005 150.00	.
STREET ADDRESS CITY-ST-ZIP	707 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90071	• •			
TITLE	1007410110071				}
NAME					1
STREET ADDRESS CITY+ST-ZIP				<u>DO NOT WRITE</u>	
TITLE				IN THIS SPACE	}
name Street address				m mo of Ace	- 1
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
TITLE					
NAME STREET ADDRESS					
CITY-ST-ZIP				_	
TITLE					
NAME STREET ADDRESS					
City-St-Zip		· ·			
12. I hereby condicated of the condicated	ertify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower	filing does not qualify for the exen e and accurate and that my signatured to accurate and that my signatured to accurate this report as require	nption stated in Secure shall have the sa and by Chapter 607,	ction 119.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as if made under oath; that I am an officer or directo, Florida Statutes, and that my name appears in Block 10 or Block 11	ır if