

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90016 047 ***150.00

DOCUMENT # F06000000495
 1. Entity Name
TOTAL CALL MOBILE, INC.



Principal Place of Business
**707 WILSHIRE BOULEVARD
 12TH FLOOR
 LOS ANGELES, CA 90017**

Mailing Address
**707 WILSHIRE BOULEVARD
 12TH FLOOR
 LOS ANGELES, CA 90017**

2. Principal Place of Business - No P.O. Box #
 Seto, Apt. #, etc.

3. Mailing Address
107 W Michigan Ave 4th Fl
 Suite, Apt. #, etc.



01022008 Chg-P CR2E034 (12/06)

City & State
Kalamazoo MI

Zip
49007

4. FBI Number
84-1688806

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent BLANTON, EDWIN F 810 THOMASVILLE RD TALLHASSEE, FL 32303		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:	
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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 by and on behalf of registered agent and title if applicable. (NOTE: Registered Agent signature is required for all changes.) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CHRM LEAFSTEDT, MARK 707 WILSHIRE BOULEVARD 12TH FLOOR LOS ANGELES, CA 90017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD LEAFSTEDT, MARK 707 WILSHIRE BOULEVARD 12TH FLOOR LOS ANGELES, CA 90017 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST ING, DANNY 707 WILSHIRE BOULEVARD 12TH FLOOR LOS ANGELES, CA 90017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T James Gallas 707 Wilshire Blvd 12th Fl Los Angeles CA 90017 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other information approved.

SIGNATURE: *Mark E. Leafstedt* **Mark E Leafstedt** **213-995-9700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr