


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

06 APR 21 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P0000008415</b>					
1. Entity Name <b>FAIRCALL CORPORATION</b>					
Principal Place of Business <b>101 SE 6TH AVENUE SUITE D DELRAY BEACH, FL 33483</b>			Mailing Address <b>101 SE 6TH AVENUE SUITE D DELRAY BEACH, FL 33483</b>		
2. Principal Place of Business <b>1658 Gailes Blvd.</b>		3. Mailing Address <b>1658 Gailes Blvd.</b>			
Suite, Apt. #, etc. <b>Suite B</b>		Suite, Apt. #, etc. <b>Suite B</b>			
City & State <b>San Diego, California</b>		City & State <b>San Diego, California</b>		4. FEI Number <b>52-1873855</b>	
Zip <b>92154</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>92154</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>TURNER, ANTHONY MR. 101 SE 6TH AVENUE STE D DELRAY BEACH, FL 33483</b>			Name <b>Corporation Service Company</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b>		
			City <b>Tallahassee</b>		
			FL Zip Code <b>32301</b>		
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>Deborah D. Skipper</i>		<b>Deborah D. Skipper</b>		<b>4/21/2006</b>	
<small>Signature, typed or printed name of registered agent and state if applicable.</small>		<small>(NOTE: Required when reinstating)</small>		<small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>200072963932</b>	
				<b>05/01/06--01004--024 **158.75</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, ANTHONY S 101 SE 6TH AVENUE STE D DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director Gregorio Galicot 1658 Gailes Blvd., Suite B San Diego, CA 92154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILES, FREDERICK B 101 SE 6TH AVENUE SUITE D DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Director Rafael Galicot 1658 Gailes Blvd., Suite B San Diego, CA 92154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Director Anthony Lacavera 60 Adelaide St., E, 6th Floor Toronto, ON M5C 3E4, Canada	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer, Director Brian Rhys 1658 Gailes Blvd., Suite B San Diego, CA 92154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Frederick B. Miles 101 SE 6th Ave., Suite D Del Ray Beach, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-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 like empowered.					
SIGNATURE: <i>Rafael Galicot</i>		<b>Rafael Galicot, Vice President</b>		<b>4/18/06</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	



02162006 Chg-P CR2E034 (11/05)

**K. Eckel APR 21 2006**