

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000008415

FILED
Apr 30, 2007
Secretary of State

Entity Name: FAIRCALL CORPORATION

Current Principal Place of Business:

1658 GAILES BLVD.
SUITE B
SAN DIEGO, CA 92154

New Principal Place of Business:

Current Mailing Address:

1658 GAILES BLVD.
SUITE B
SAN DIEGO, CA 92154

New Mailing Address:

FEI Number: 52-1873855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GAILCOT, GREGORIO
Address: 1658 GAILES BLVD., STUIE B
City-St-Zip: SAN DIEGO, CA 92154

Title: VPD () Delete
Name: GAILCOT, RAFAEL
Address: 1658 GAILES BLVD., STUIE B
City-St-Zip: SAN DIEGO, CA 92154

Title: SD () Delete
Name: LACAVERA, ANTHONY
Address: 60 ADELAINDE ST., E, 6TH FLOOR
City-St-Zip: TORONTO, ON M5C 3E4 CANADA,

Title: TD () Delete
Name: RHYS, BRIAN
Address: 1658 GAILES BLVD., SUITE B
City-St-Zip: SAN DIEGO, CA 92154

Title: D (X) Delete
Name: MILES, FREDERICK B
Address: 101 SE 6TH AVE., SUITE D
City-St-Zip: DEL RAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RAFAEL GAILCOT

VPD

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date