


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State


02-11-2005 90124 001 ****61.25
02-11-2005 90124 002 *****8.75

DOCUMENT # P19956	
1. Entity Name THE VOICE OF TRIUMPH, INC.	

Principal Place of Business 573 CASTAGNA LANE MAYO FL 32066 US	Mailing Address PO BOX 78 MAYO FL 32066 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

	
1st MOORE	CR2E037 (10/04)
4. FEI Number 95-2985573	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NELL, GENE RT 2 BOX 209 MAYO FL 32066

7. Name and Address of New Registered Agent
Name <u>Gene Neill</u>
Street Address (P.O. Box Number is Not Acceptable) <u>573 Castagna Lane</u>
City <u>Mayo</u> FL <u>32066</u>

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 Gene Neill DATE 2/6/05

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEILL, GENE 573 CASTAGNA LANE MAYO FL 32066 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONVERSE, WILLIAM 11681 RIVERBEND DRIVE LEAVENWORTH WA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, DENNIS 473 BIRWOOD EAST TALLAHASSEE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDFORD, WILLIAM 2710 OAK LAWN AVE. DALLAS TX 75219 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEILL, HEATHER 892 NE CANDY LANE MAYO FL 32066 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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 617, 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: Gene Neill DATE 2-6-05 DAYTIME PHONE # 386-294-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR