

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90090 012 ***158.75

DOCUMENT # P98000027050 1. Entity Name ALTERNATIVE VOICE COMMUNICATIONS, INC.					
Principal Place of Business 6908 EASTERN AVENUE BALTIMORE, MD 21224 US			Mailing Address 5408 ST JAMES DRIVE NEW PORT RICHEY, FL 34652 US		
2. Principal Place of Business 1651 Swamp Rose Ln		3. Mailing Address Suite, Apt. #, etc.			
City & State Trinity FL		City & State			
Zip 34655		Country USA		4. FEI Number 59-3500881	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DREW, KELLY 5408 ST JAMES DRIVE NEW PORT RICHEY, FL 34652			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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-ST-ZIP	PSTD CARTER, JASON 7904 PORTRAIT CT. NEW PORT RICHEY, FL 34654	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Carter, Jason 1651 Swamp Rose Lane Trinity, FL 34655	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: <u>Jason Carter</u> JASON CARTER 2-16-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					