2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2004
Secretary of State

DOCUMENT# 332102

Entity Name: VOYAGER GROUP, INC.

Current Principal Place of Business:

11222 QUAIL ROOST DRIVE
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

11222 QUAIL ROOST DRIVE
MIAMI, FL 33157 US

New Mailing Address:

FEI Number: 59-1236556 **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:	PCH	( ) Delete
Name:	LEMASTERS, S. CRAIG	
Address:	260 INTERSTATE NO CIRCLE NW	
City-St-Zip:	ATLANTA, GA 30339	
Title:	DS	( ) Delete
Name:	HEGGEN, ARTHUR W.	
Address:	11222 QUAIL ROOST DR	
City-St-Zip:	MIAMI, FL	
Title:	T	( ) Delete
Name:	CASTELO, ENRIQUE L	
Address:	11222 QUAIL ROOST DR	
City-St-Zip:	MIAMI, FL	
Title:	DVP	( ) Delete
Name:	COOPER, MARK	
Address:	PO BOX 535578	
City-St-Zip:	GRAND PRAIRIE, TX 75053	
Title:	D	( ) Delete
Name:	DENISON, FLOYD	
Address:	11222 QUAIL ROOST DRIVE	
City-St-Zip:	MIAMI, FL 33157	
Title:	D	( ) Delete
Name:	TUTHILL, ALLEN	
Address:	260 INTERSTATE NO CIRCLE NW	
City-St-Zip:	ATLANTA, GA 30339	

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:	D	(X) Change ( ) Addition
Name:	LAMNIN, ADAM	
Address:	11222 QUAIL ROOST DRIVE	
City-St-Zip:	MIAMI, FL 33157	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ARTHUR HEGGEN S 04/25/2004

Electronic Signature of Signing Officer or Director — Date