2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 332102

Entity Name: VOYAGER GROUP, INC.

FILED Feb 18, 2009 Secretary of State

This Name: 101/102/COCK ON , INC.					
Current Principal Place of Business:			New Prince	New Principal Place of Business:	
260 INTER ATLANTA,		TH CIRCLE, SE US			
Current Mailing Address:			New Maili	New Mailing Address:	
PO BOX 159 SANDHILL, MS 39161 US					
FEI Number: 59-1236556 FEI Number Applied For () FEI			FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
1201 HAYS		CE COMPANY 01 US			
The above in the State		submits this statement for the pu	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent				Date	
Election Cam	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LEMASTERS,	TE NO CIRCLE SE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DAS () HEGGEN, ARTI 11222 QUAIL F MIAMI, FL		Title: Name: Address: City-St-Zip:	S (X) Change () Addition ARAGON-CRUZ, JEANNIE A 11222 QUAIL ROOST DR MIAMI, FL 33157	
Title: Name: Address: City-St-Zip:	DVP () COOPER, MAR PO BOX 53557 GRAND PRAIR	8	Title: Name: Address: City-St-Zip:	DAS (X) Change () Addition COOPER, MARK 260 INTERSTATE NORTH CIRCLE,SE ATLANTA, GA 30339	
Title: Name: Address: City-St-Zip:	DVP () LAMNIN, ADAM 11222 QUAIL F MIAMI, FL 331	ROOST DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	, ,		Title: Name: Address: City-St-Zip:	D (X) Change () Addition TUTHILL, ALLEN F 260 INTERSTATE NORTH CIRCLE, SE ATLANTA, GA 30339	

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: JEANNIE ARAGON-CRUZ S 02/18/2009