## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

## Feb 23, 2006 08:00 AM **DOCUMENT #857744 Secretary of State** 1. Entity Name DATA VOICE COMMUNICATIONS, INCORPORATED Principal Place of Business Mailing Address 2502 LARKIN DR. 2502 LARKIN DR. SUN CITY CENTER, FL 33573 SUN CITY CENTER, FL 33573 01312006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1065994 Not Applicate \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BELLOWS, RAY F. DO NOT WRITE 2502 LARKIN DR. SUN CITY CENTER, FL 33573 IN THIS SPACE 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. Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BELLOWS, VIRGINIA L NAME STREET ADDRESS 13521 COUNTY RD 1 CITY -ST-ZIP RIDGWAY, CO 81432 CPT TITLE BELLOWS, RAY F NAME 2502 LARKIN DR. STREET ADDRESS HIJI 911 10443437 03/06/06-00009-003 150.00 CITY-ST-ZIP SUN CITY CENTER, FL 33573 TITLE NAME BELLOWS, SUZANNE STREET ADDRESS 814 INNERGARY PLACE DO NOT WRITE CITY-ST-ZIP VALRICO, FL 33594 TITLE IN THIS SPACE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS DITY-ST-70P TTTLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 direction 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ray & BULLOW ROY E. BELLOWS
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

**FILED**