


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90111 032 \*\*\*\*61.25

**DOCUMENT # F0100005230**  
 1. Entity Name  
**THE V.O.I.C. EXPERIENCE FOUNDATION, INC.**



Principal Place of Business Mailing Address  
**1797 MARCUS AVE STE 208 LAKE SUCCESS NY 11042** **105 OLD MILL POND RD. PALM HARBOR FL 34683**



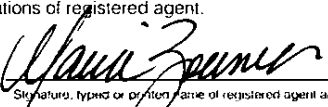
2. Principal Place of Business 3. Mailing Address  
**1979 MARCUS AVENUE SUITE 208** **1519 Canopy Oaks Blvd.**

City & State City & State  
**LAKE SUCCESS, NY** **Palm Harbor, FL**  
 Zip Country Zip Country  
**11042 USA** **34683 USA**

1st MOORE CR2E037 (10/05)  
 4. FEI Number **13-4145412** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ZOUVES, MARIA**  
**105 OLD MILL POND RD**  
**PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent  
 Name **MARIA ZOUVES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1519 - CANOPY OAKS - BLVD**  
 City **PALM HARBOR** FL Zip Code **34683**

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  **MARIA ZOUVES** DATE **2/22/06**  
(NOTE: Registered Agent signature required when re-registering)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>GANNON, ELIZABETH</b>	
STREET ADDRESS	<b>105 OLD MILL POND RD</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>ZOUVES, MARIA</b>	
STREET ADDRESS	<b>105 OLD MILL POND RD</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>DOBROSKI, BERNARD</b>	
STREET ADDRESS	<b>133 ABINGDON AVENUE</b>	
CITY-ST-ZIP	<b>KENILWORTH IL 60043</b>	
TITLE	C	<input type="checkbox"/> Delete
NAME	<b>MILNES, SHERRILL</b>	
STREET ADDRESS	<b>105 OLD MILL POND RD.</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>	
TITLE	BM	<input type="checkbox"/> Delete
NAME	<b>GLVECK, DAVID L</b>	
STREET ADDRESS	<b>2041 N. HOWE ST.</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60614</b>	
TITLE	BM	<input type="checkbox"/> Delete
NAME	<b>BREMNER, BROOKE</b>	
STREET ADDRESS	<b>2041 N. HOWE ST.</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60614</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GANNON, ELIZABETH</b>	
STREET ADDRESS	<b>1519 CANOPY OAKS BLVD.</b>	
CITY-ST-ZIP	<b>PALM HARBOR, FL 34683</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZOUVES, MARIA</b>	
STREET ADDRESS	<b>1519 CANOPY OAKS BLVD.</b>	
CITY-ST-ZIP	<b>PALM HARBOR, FL 34683</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILNES, SHERRILL</b>	
STREET ADDRESS	<b>1519 CANOPY OAKS BLVD.</b>	
CITY-ST-ZIP	<b>PALM HARBOR, FL 34683</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLUECK</b>	
STREET ADDRESS	<b>(ALL IS SAME AS BEFORE)</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:  **MARIA ZOUVES** DATE **2/22/06** TELEPHONE **727-773-0370**