

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F02000002622

1. Entity Name
VOICE PRINT INTERNATIONAL, INC.



Principal Place of Business
160 CAMINO RUIZ
CAMARILLO, CA 93012

Mailing Address
160 CAMINO RUIZ
CAMARILLO, CA 93012

FILED
Jan 22, 2008 08:00 AM
Secretary of State



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 77-0496949	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INCRP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470

**DO NOT WRITE
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARSH, BRENDA L 160 CAMINO RUIZ CAMARILLO, CA 93012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MARSH, ANDREW 160 CAMINO RUIZ CAMARILLO, CA 93012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARSH, ANDREW 160 CAMINO RUIZ CAMARILLO, CA 93012
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01/23/08-80032-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/08

Date

805-389-5200

Daytime Phone #