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(J	Requestor's Name)	
(/	Address)	
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(6	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
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(I	Business Entity Name)	
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Certified Copies	Certificates of Status	:
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Special Instructions	to Filing Officer:	
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Office Use Only



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COVER LETTER

For further information concerning this matter, please call:

(Name of Contact Person) at (805) 389 - 5209 (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: VOICE PRINT INTERNATIONAL, INC.
2. The principal office address: 160 CAMINO RUIT.
CAMARILLO, CA 93012
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/19/98 Document number: 207205
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
INCORP SERVICES, INC.
375 N. STEPHANIEST SUITE 1411 PE &
HENDERSON, NEVADA SYON SE I
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MR. VELLO TOOMEPULI SE O
1033 CRESCENT LAKE DRIVE (P.O. BOX NOT acceptable)
ST. PETERSBURG, FL 33701
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Carroll G. HAT FIELD, VP. FINANCE (Printed or Specification)
l hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
X (Signatury of Reghaef ed Agent) (Date)
If signing on behalf of an entity:
K VELCO TOOMEPUU (Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)