## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

## May 02, 2006 8:00 am Secretary of State 05-02-2006 90430 041 \*\*\*150.00 DOCUMENT # F02000004062 1. Entity Name VOLO COMMUNICATIONS, INC. 3000×× Principal Place of Business Mailing Address 151 SOUTH WYMORE ROAD STE 3000 151 SOUTH WYMORE ROAD STE 3000 ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 37-1430906 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEWIS, SHAWN M Street Address (P.O. Box Number is Not Acceptable) 151 SOUTH WYMORE ROAD STE 3000 ALTAMONTE SPRINGS, FL 32714 City Zip Code FL 8. The above named entity submits this statement in 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 registraled agent SIGNATURE (NOTE: Registered Agent signature required when reinstating DATE 9. Election Campaign Financing \$5.00 мау Ве FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PCS ☐ Addition TITLE **Delete** TITLE LEWIS, SHAWN M. NAME NAME 5. Wymore Road, Ste 3000 STREET ADDRESS 151 SOUTH WYMORE ROAD, SUITE 3000 STREET ADDRESS ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE BYDLAN, THAD NAME NAME nore Road, Ste. 3000. STREET ADDRESS 151 SOUTH WYMORE ROAD, SUITE 3000 STREET ADDRESS ALTAMONTE SPRINGS, FL 32714 CITY-ST-7P CITY-ST-7IP Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete FITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attackurent within a ddress, with all other like/enpowered.

FILED

Daytime Phone 4