

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2005 8:00 am**  
**Secretary of State**

05-27-2005 90023 041 \*\*\*150.00

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # F04000005650</b><br>1. Entity Name<br>VOX2DATA, INC.  |  |   |  |    |  |
| Principal Place of Business<br>9301 WILSHIRE BLVD STE 203<br>BEVERLY HILLS, CA 90210  |  |   | Mailing Address<br>9301 WILSHIRE BLVD STE 203<br>BEVERLY HILLS, CA 90210 |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.                                |   |  |
| City & State  |  |   | City & State   |   |  |
| Zip   |  | Country   |  | Zip   |  |
| Country   |  | Country   |  | 4. FEI Number<br>56-2375629   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br>CONNERS, KATHERINE<br>5899 WHITFIELD AVE STE. 102<br>SARASOTA, FL 34243  |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>CONNERS, KATHERINE<br>Street Address (P.O. Box Number is Not Acceptable)<br>1283 TALLEVAST ROAD<br>City<br>SARASOTA FL Zip Code<br>34243 |  |
| 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  (NOTE: Registered Agent signature required when reinstating) DATE   |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 7, 2005</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>  |  |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |  |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>             |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | C<br>TORKAN, JOSEPH<br>9301 WILSHIRE BLVD STE 203<br>BEVERLY HILLS, CA 90210   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VCPS<br>CONNERS, KATHERINE<br>5899 WHITFIELD AVE STE 102<br>SARASOTA, FL 34243 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | VCPS<br>1283 TALLEVAST RD<br>SARASOTA FL 34243  |  |
| <input type="checkbox"/> Delete   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>CONNERS, KATHERINE<br>5899 WHITFIELD AVE STE 102<br>SARASOTA, FL 34243    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | T<br>1283 TALLEVAST ROAD<br>SARASOTA FL 34243   |  |
| <input type="checkbox"/> Delete   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>CARSON, RON<br>5899 WHITFIELD AVE STE. 102<br>SARASOTA, FL 34243          | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | D<br>1283 TALLEVAST RD<br>SARASOTA FL 34243   |  |
| <input type="checkbox"/> Delete   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>GOEHRING, LUTHER<br>1362 E FRESS DRIVE<br>PHOENIX, AZ 85022               | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |   |  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:   |  |   | 5/20/05  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   | Date Daytime Phone #   |   |  |