

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006449

FILED
Feb 26, 2007
Secretary of State

Entity Name: VOXEO CORPORATION

Current Principal Place of Business:

100 EAST PINE STREET, SUITE 600
ORLANDO, FL 32801

New Principal Place of Business:

189 SOUTH ORANGE AVENUE
SUITE 2050
ORLANDO, FL 32801

Current Mailing Address:

100 EAST PINE STREET, SUITE 600
ORLANDO, FL 32801

New Mailing Address:

189 SOUTH ORANGE AVENUE
SUITE 2050
ORLANDO, FL 32801

FEI Number: 20-1373457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: TAYLOR, JONATHAN
Address: 100 EAST PINE STREET, SUITE 600
City-St-Zip: ORLANDO, FL 32801

Title: CFO () Delete
Name: NEISH, STEPHEN
Address: 100 EAST PINE STREET, SUITE 600
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: TAYLOR, JONATHAN
Address: 189 SOUTH ORANGE AVENUE, STE 2050
City-St-Zip: ORLANDO, FL 32801

Title: CFO (X) Change () Addition
Name: NEISH, STEPHEN
Address: 189 SOUTH ORANGE AVENUE, STE 2050
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATALIE BLEILE

MS.

02/26/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date