

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000839

FILED
Feb 19, 2009
Secretary of State

Entity Name: BLUEVOICE. ORG CORPORATION

Current Principal Place of Business:

24 DOLPHIN DR
ST AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

24 DOLPHIN DR
ST AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 68-0458549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, HARDY
24 DOLPHIN DR
ST AUGUSTINE, FL 32080 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

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: BENJAMIN, SHARON
Address: 406 HIGHLAND PLACE
City-St-Zip: ALEXANDRIA, VA 22301

Title: SD () Delete
Name: MILLER, WENDY
Address: 600 STETSON ST.
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: HALL, HOWARD
Address: 2171 LA AMATISTA RD.
City-St-Zip: DEL MAR, CA 92014

Title: T () Delete
Name: ADAMS, DEBORAH
Address: 1380 CLEAENTVILLE SPUR RD
City-St-Zip: NEW RICHARD, OH 45157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ADAMS, DEBORAH
Address: 1380 CLERMONTVILLE SPUR RD.
City-St-Zip: NEW RICHMOND, OH 45157

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDY MILLER

SD

02/19/2009

Electronic Signature of Signing Officer or Director

Date