

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jun 14, 2006  
Secretary of State**

DOCUMENT# F94000000097

Entity Name: VOYAGER SYSTEMS INC.

**Current Principal Place of Business:**

111 SW 23RD ST., #K.  
FT. LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

111 SW 23RD ST., #K.  
FT. LAUDERDALE, FL 33315

**New Mailing Address:**

FEI Number: 06-1381749      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEONE, JOANNA  
603 SW 7TH AVE.  
FT LAUDERDALE, FL 33315      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: P ( ) Delete  
Name: LEONE, DAVID  
Address: 603 SW 7TH AVE  
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: VT (X) Delete  
Name: KRAWWSKI, JOHN  
Address: 551 HAMBURG RD  
City-St-Zip: LYME, CT 06371

Title: S (X) Delete  
Name: KRAWWSKI, LYNN  
Address: 551 HAMBURG RD  
City-St-Zip: LYME, CT 06371

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTS (X) Change ( ) Addition  
Name: LEONE, DAVID  
Address: 603 SW 7TH AVE  
City-St-Zip: FT. LAUDERDALE, FL 33315

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

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

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: DAVID LEONE

P

06/14/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date