

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90287 002 \*\*\*150.00

**20042150**



04082005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F96000001420</b>					
1. Entity Name <b>KEY VOICE TECHNOLOGIES, INC.</b>					
Principal Place of Business <b>106 CATTLEMEN ROAD SARASOTA, FL 34232</b>			Mailing Address <b>106 CATTLEMEN ROAD SARASOTA, FL 34232</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0649760</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C <input type="checkbox"/> Delete	TITLE	Neil Lichtman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FALK, MICHAEL	NAME	CEO, President		
STREET ADDRESS	106 CATTLEMEN ROAD	STREET ADDRESS	Director		
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP			
TITLE	CFOD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLINEBELL, KENNETH M	NAME			
STREET ADDRESS	106 CATTLEMEN ROAD	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Inder Toller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PROVOW, TRAVIS	NAME			
STREET ADDRESS	106 CATTLEMEN ROAD	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	Alfred Rapetti <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KESSMEN, ALAN	NAME			
STREET ADDRESS	106 CATTLEMEN ROAD	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DORETTI, ROBERT	NAME			
STREET ADDRESS	106 CATTLEMEN ROAD	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLAU, STANLEY	NAME			
STREET ADDRESS	106 CATTLEMEN ROAD	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP			
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:			4-13-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #