


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90071 001 ***317.50

| | |
|--|---|
| DOCUMENT # F96000004261 1. Entity Name VOYAGER TECHNOLOGIES, INC. |  |
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|--|--|
| Principal Place of Business 1200 W SR 434 SUITE 300 LONGWOOD, FL 32750 US | Mailing Address 1200 W SR 434 SUITE 300 LONGWOOD, FL 32750 US |
|--|--|

66000261



01152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|-----------------------------|-------------------------------|
| 4. FEI Number 86-0645550 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|--|--|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

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|---|
| JOHNSON, LORAN A ESQ. LOWNDES, DROSDICK, DOSTER, KANTOR & REED 215 N. EOLA DR. ORLANDO, FL 32801 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CP DAMAN, WILLEM 1200 W. SR 434, STE 300 LONGWOOD, FL 32750 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CS JAFTE, MARTIN 31 WEST 56TH ST. NEW YORK, NY 10019 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/05. 407 261 8508.
Date Daytime Phone #