2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90431 006 ***150.00

DOCUMENT # G44456

1. Entity Name
TALKBOX COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
19800 VETERANS BLVD UNIT B-4 PORT CHARLOTTE, FL 33954	P.O. BOX 381083 PORT CHARLOTTE, FL 33954

04252007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3473 JADE ST	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Port FL	City & State
Zip: 34286 Country: USA	Zip Country

4. FEI Number: 59-2373305 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COWELL, WILLIAM P 19800 VETERANS BLVD UNIT B-4 PORT CHARLOTTE, FL 33954	Name: WILLIAM P COWELL Street Address (P.O. Box Number is Not Acceptable): 3473 JADE STREET City: North Port FL Zip Code: 34286

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: X WP Cowell REGISTERED AGENT 4/26/07
Signature, typed or printed name of registered agent and title if applicable. WILLIAM P COWELL (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDT COWELL, WILLIAM P 17049 FALKIRK AVENUE PORT CHARLOTTE, FL 33954	☐ Delete	PDT COWELL WILLIAM P 3473 JADE ST NORTH PORT FL 34286	☒ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X WP Cowell PRESIDENT 4/26/07 9416276591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. WILLIAM P COWELL Date Daytime Phone #