## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# J12534

Entity Name: VOYAGER SERVICE WARRANTIES, INC.

FILED Jan 11, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
11222 QUAIL ROOST DRIVE MIAMI, FL 33157 US				260 INTERSTATE NORTH CIRCLE, SE ATLANTA, GA 30339 US		
Current Mailing Address:				New Mailing Address:		
P O BOX 1 SANDHILL	159 -, MS 39161	US				
FEI Number: 59-2675787 FEI Number Applied For ( )			FEI Num	Number Not Applicable ( ) Certificate of Status Desired ( )		
Name and	Address of C	Current Registered Agent:		Name and	Address of	New Registered Agent:
1201 HAYS TALLAHAS	S STREET SSEE, FL 323		nurnoso of	changing it	s registered	office or registered agent, or both,
in the State	e of Florida.	submits this statement for the	purpose or	changing it	s registered	office of registered agent, of both,
SIGNATUR	RE:					
	Electron	nic Signature of Registered Ag	jent			Date
Election Car	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ( LAMNIN, ADAN 11222 QUAIL F MIAMI, FL 331	ROOST DRIVE		Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	MEIER, KEITH	) Delete TE NO CIRCLE NW 30339		Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	DAS ( HEGGEN, ART 11222 QUAIL F MIAMI, FL			Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	VT ( CASTELO, ENI 11222 QUAIL F MIAMI, FL			Title: Name: Address: City-St-Zip:	•	
Title: Name: Address: City-St-Zip:	NOVAK, GARY	TE NO CIRCLE NW		Title: Name: Address: City-St-Zip:	NOVAK, GAR	ATE NO CIRCLE SE
Title: Name: Address: City-St-Zip:	S ( ARAGONCRUZ 11222 QUAIL F MIAMI, FL 331	ROOST DRIVE		Title: Name: Address: City-St-Zin:	ARAGON-CRU	ROOST DRIVE

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNIE ARAGON-CRUZ S 01/11/2008