2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# J12534

Entity Name: VOYAGER SERVICE WARRANTIES, INC.

Current Principal Place of Business:

260 INTERSTATE NORTH CIRCLE, SE
ATLANTA, GA 30339 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 159
SANDHILL, MS 39161 US

New Mailing Address:

FEI Number: 59-2675787 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LAMNIN, ADAM D
Address: 11222 QUAIL ROOST DRIVE
City-St-Zip: MIAMI, FL 33157

Title: VP ( ) Delete
Name: MEIER, KEITH
Address: 260 INTERSTATE NO CIRCLE NW
City-St-Zip: ATLANTA, GA 30339

Title: DAS ( ) Delete
Name: HEGGEN, ARTHUR W
Address: 11222 QUAIL ROOST DRIVE
City-St-Zip: MIAMI, FL

Title: DTVP ( ) Delete
Name: STOCKER, WENDALL WILLIAM
Address: 11222 QUAIL ROOS DRIVE
City-St-Zip: MIAMI, FL 33157

Title: AT ( ) Delete
Name: NOVAK, GARY
Address: 260 INTERSTATE NO CIRCLE SE
City-St-Zip: ATLANTA, GA 30339

Title: S ( ) Delete
Name: ARAGON-CRUZ, JEANNIE
Address: 11222 QUAIL ROOST DRIVE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change ( ) Addition
Name: ERDEMAN, JOSEPH E
Address: 260 INTERSTATE NORTH CIRCLE, SE
City-St-Zip: ATLANTA, GA 30339

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

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 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 02/18/2009

Electronic Signature of Signing Officer or Director — Date