

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L12016

FILED
Feb 10, 2005
Secretary of State

Entity Name: DATA VOICE, INCORPORATED

Current Principal Place of Business:

1900 S HARBOR CITY BLVD
STE 124
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 061000
PALM BAY, FL 329061000 US

New Mailing Address:

FEI Number: 59-2964397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WITHERSPOON, JAMES H PRES
810 MELBOURNE AVENUE
MELBOURNE, FL 32901 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: WITHERSPOON, JAMES H, JR
Address: 810 MELBOURNE AVENUE
City-St-Zip: MELBOURNE, FL 32901 US

Title: D () Delete
Name: ANDERSON, GEORGE
Address: 180 S. SENTINEL PEAK RD.
City-St-Zip: TUCSON, AZ 85745 US

Title: D () Delete
Name: VARRA, REGINALD T.
Address: 90 TOPAZ LANE
City-St-Zip: MONROE, CT 06468

Title: DS () Delete
Name: NERY, CARL G.
Address: 1761 ANCHORAGE ST. NW
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: JAMES H. WITHERSPOON, JR.

PD

02/10/2005

Electronic Signature of Signing Officer or Director

_____ Date