2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L12016

City-St-Zip:

PALM BAY, FL 32907

Entity Name: DATA VOICE, INCORPORATED

FILED Apr 10, 2007 Secretary of State

Littly Name: DATA VOICE, INCORPORATED					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
1900 S HARBOR CITY BLVD STE 124			SUITE 287		
MELBOURNE, FL 32901 US			MELBOURNE, FL 3290	MELBOURNE, FL 32901 US	
Current M	ailing Addres	ss:	New Mailing Address:	New Mailing Address:	
P.O. BOX (PALM BAY	061000 (, FL 3290610	00 US			
FEI Number: 59-2964397 FEI Number Applied For ()		FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
WITHERSPOON, JAMES H PRES 810 MELBOURNE AVENUE MELBOURNE, FL 32901 US			810 E. MELBOURNE A	WITHERSPOON, JAMES H PRES 810 E. MELBOURNE AVENUE MELBOURNE, FL 32901 US	
The above in the State	named entity s of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:			04/10/2007	
	Electror	ic Signature of Registered Age	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:			Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () VARRA, REGIN 90 TOPAZ LAN MONROE, CT	E	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	DS () NERY, CARL G 1761 ANCHOR		Title: (Name: Address:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: JAMES H. WITHERSPOON, JR. PD 04/10/2007