2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 13, 2006 08:00 AM DOCUMENT # L67656 Secretary of State 1. Entity Name AMERICAN VOICE CORP. Principal Place of Business Mailing Address 10401 SW 60 AVENUE MIAMI FL 33156 10401 SW 60 AVENUE MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Aot. #. etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 13-2950714 Not Applie Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAAB, NICHOLAS M. 10401 SW 60 AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33156 City Zip Code 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 account the obligations of registered agent SIGNATURE. Signature, typert or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution, Added to For-Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1) THILE ☐ Detete THE ☐ Change ☐ Aiki NAME SAAB, NICHOLAS NAME U00000467947 STREET ADDRESS 10401 S.W. 60TH AVE. STREET ADDRESS 03/24/06-80014-001 158.75 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Adic NAME SAAB, DIANE NAME STREET ADDRESS 10401 S.W. 60TH AVE. STREET ADDRESS DIY-ST-7P MIAMI FL CITY ST. ZIP Detate TITLE TITLE ☐ Change ☐ Adr NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CKY-ST-ZIP ULCE ☐ Delete TITLE Change Change TI ACC NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Detete TITLE Change Ac. NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP City - St - ZiP TITLE ☐ Change ☐ Delete TITLE \square Addi. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this liting does not qualify for the exemptions contained in Section 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 it made under oath, that I am an officer or direct, of the corporation of 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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