

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000009431

FILED  
Nov 14, 2006  
Secretary of State

Entity Name: TRUE VOICE INCORPORATED

## Current Principal Place of Business:

63 PINEWOOD DRIVE  
YULEE, FL 32097

## New Principal Place of Business:

86261 PINEWOOD DRIVE  
YULEE, FL 32097

## Current Mailing Address:

63 PINEWOOD DRIVE  
YULEE, FL 32097

## New Mailing Address:

86261 PINEWOOD DRIVE  
YULEE, FL 32097

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

HICKS, SAUNA L  
63 PINEWOOD DRIVE  
YULEE, FL 32097 US

## Name and Address of New Registered Agent:

HICKS, SAUNA L  
86261 PINEWOOD DRIVE  
YULEE, FL 32097 US

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: SAUNA L. HICKS

11/14/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HICKS, SAUNA L  
Address: 63 PINEWOOD DRIVE  
City-St-Zip: YULEE, FL 32097 US

Title: VP ( ) Delete  
Name: CALHOUN, SHIRLEY L  
Address: 63 PINEWOOD DRIVE  
City-St-Zip: YULEE, FL 32097 US

Title: SEC ( ) Delete  
Name: MANNING, SHONIQUE  
Address: 1030 SOUTH 10 STREET  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HICKS, SAUNA L  
Address: 86261 PINEWOOD DRIVE  
City-St-Zip: YULEE, FL 32097 US

Title: VP (X) Change ( ) Addition  
Name: CALHOUN, SHIRLEY L  
Address: 86261 PINEWOOD DRIVE  
City-St-Zip: YULEE, FL 32097 US

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

SIGNATURE: SAUNA HICKS

P

11/14/2006

Electronic Signature of Signing Officer or Director

Date