2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N07000002049

Entity Name: THE V.O.I.C. EXPERIENCE FOUNDATION, INC.

Current Principal Place of Business:

1519 CANOPY OAKS BLVD.
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

1519 CANOPY OAKS BLVD.
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 13-4145412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZOUVES, MARIA
1519 CANOPY OAKS BLVD.
PALM HARBOR, FL 34683 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

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	ZOUVES, MARIA	
Address:	1519 CANOPY OAKS BLVD.	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	SD	( ) Delete
Name:	DOBROSKI, BERNARD	
Address:	133 ABINGTON AVE	
City-St-Zip:	KENILWORTH, IL 60043	
Title:	C	( ) Delete
Name:	MILNES, SHERRILL	
Address:	1519 CANOPY OAKS BLVD.	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	BM	( ) Delete
Name:	MONAHAN, KATHLEEN	
Address:	P.O. BOX 214	
City-St-Zip:	TARPON SPRINGS, FL 346880214	
Title:	BM	( ) Delete
Name:	TUCKER, BARRY	
Address:	215 EAST 68TH STREET	
City-St-Zip:	NEW YORK, NY 10021	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PRES	(X) Change ( ) Addition
Name:	ZOUVES, MARIA	
Address:	1519 CANOPY OAKS BLVD.	
City-St-Zip:	PALM HARBOR, FL 34683	
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 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: JAY P. HABERMAN CPA 02/23/2009

Electronic Signature of Signing Officer or Director — Date