


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000004632</b> 1. Entity Name LEVY VOICE, INC.	
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Principal Place of Business P.O. DRAWER 1719 BRONSON, FL 32621	Mailing Address P.O. DRAWER 1719 BRONSON, FL 32621
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<b>DO NOT WRITE IN THIS SPACE</b>
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08182006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3435065	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BAKER, WILLIAM B 5330 NW 86 STREET CHIEFLAND, FL 32626
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODWIN, KEN 17150 SE 60TH ST MORRISTON, FL 32668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOODWIN, JULIA ALLENE 17150 SE 60 ST. MORRISTON, FL 32668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAMANN, STELLA 802 SE MAIN ST WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAYER, BERYL 11751 SE 16TH LANE MORRISTON, FL 32668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MUNSELL, TOM 15851 NE 55TH ST WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000575073 08/23/06-80002-015 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Beryl Bayer</u> SEC. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	8-17-06 352-486-4314 Date Daytime Phone #
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**BERYL BAYER**