

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002561

FILED
Apr 28, 2007
Secretary of State

Entity Name: SILENT VOICES, INC.

Current Principal Place of Business:

3211 SABAL PALM MANOR
I-205
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 245311
PEMBROKE PINES, FL

New Mailing Address:

3211 SABAL PALM MANOR
DAVIE, FL 33024 US

FEI Number: 65-0751876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZELEDON, LESLIE
2971 NW 165 ST.
MIAMI, FL 33054 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: D () Delete
Name: ZELEDON, LESLIE
Address: 2971 NW 165 ST.
City-St-Zip: MIAMI, FL 33054

Title: D () Delete
Name: TURNER, JOSEPHINE
Address: 1825 N.W. 52ND ST.
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: CASWELL, ANTHONY
Address: 5020 S.W. 145TH AVE.
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LESLIE ZELEDON

DR

04/28/2007

Electronic Signature of Signing Officer or Director

Date