
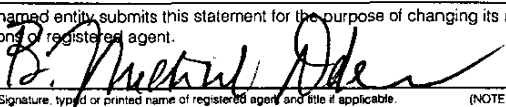
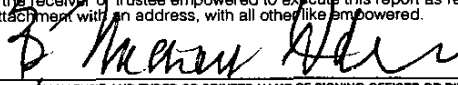


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90430 038 \*\*\*150.00

<b>DOCUMENT # P00000032348</b> 1. Entity Name VOIP PLUS, INC.					
Principal Place of Business 12330 SW 53RD ST., STE 712 FT. LAUDERDALE, FL 33330			Mailing Address 12330 SW 53RD ST., STE 712 FT. LAUDERDALE, FL 33330		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip      Country			City & State  Zip      Country		
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  IVESTER, STEVEN 12330 SW 53RD STREET, STE 712 FORT LAUDERDALE, FL 33330			7. Name and Address of New Registered Agent Name <b>B. Michael Adler</b> Street Address (P.O. Box Number is Not Acceptable) <b>12330 S.W. 53rd Street</b> <b>Suite 712</b> City <b>Ft. Lauderdale</b> <b>FL</b> Zip Code <b>33330</b>		
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:  DATE: <b>4/27/06</b> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOP IVESTER, STEVEN 12330 SW 53RD STREET, STE 712 FT. LAUDERDALE, FL 33330	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/CEO/Chairman/P/S/T Adler, B. Michael 12330 S.W. 53rd Street Suite 712 Ft. Lauderdale, FL 33330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	    	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	    	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	    	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	    	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	    	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	    	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	    	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	    	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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:  <b>B. Michael Adler</b> DATE: <b>4/27/06</b> DAYTIME PHONE: <b>(954) 434-2050</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					