## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000032348

Entity Name: VOIP PLUS, INC.

FILED Apr 30, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

151 SOUTH WYMORE RD. SUITE 3000 ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address: New Mailing Address:** 

151 SOUTH WYMORE RD. SUITE 3000 ALTAMONTE SPRINGS, FL 32714

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

ADLER, B. MICHAEL LEWIS, SHAWN 12330 SW 53RD ST 151 S. WYMORE ROAD

SUITE 3000 STE 712

FORT LAUDERDALE, FL 33330 US ALTAMONTE SPRINGS, FL 32714 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: SHAWN LEWIS 04/30/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCFO ( ) Delete Title: (X) Change ( ) Addition

Name: ADLER, B. MICHAEL Name: CATALDO, TONY

12330 SW 53RD STREET, STE 712 151 S. WYMORE ROAD, SUITE 3000 Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33330 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: CPST () Delete Title: (X) Change ( ) Addition

Name: ADLER B MICHAEL Name: STAATS, BOB

12330 SW 53RD ST STE 712 151 S. WYMORE ROAD, SUITE 3000 Address: Address: FORT LAUDERDALE, FL 33330 ALTAMONTE SPRINGS, FL 32714 City-St-Zip: 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB STAATS 04/30/2007 S