

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2006 90430 035 ***150.00

DOCUMENT # P02000014280 1. Entity Name VOX CONSULTING GROUP, INC.					
Principal Place of Business 12330 SW 53RD STREET SUITE 712 FORT LAUDERDALE, FL 33330			Mailing Address 12330 SW 53RD STREET SUITE 712 FORT LAUDERDALE, FL 33330		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40080363</div> <div style="margin-top: 10px;"> 04202006 Chg-P CR2E034 (11/05) </div>	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 03-0437108		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40080363</div> <div style="margin-top: 10px;"> 04202006 Chg-P CR2E034 (11/05) </div>	
6. Name and Address of Current Registered Agent MORRIS, CLAUDE 12330 SW 53RD ST, STE 712 FORT LAUDERDALE, FL 33330					
7. Name and Address of New Registered Agent Name B. Michael Adler Street Address (P.O. Box Number is Not Acceptable) 12330 S.W. 53rd Street Suite 712 City Ft. Lauderdale FL Zip Code 33330					
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: 4/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PD MORRIS, CLAUDE 12330 SW 53RD ST, SUITE 712 FORT 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Suite 712 Ft. Lauderdale, FL 33330	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Suite 712 Ft. Lauderdale, FL 33330	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Suite 712 Ft. Lauderdale, FL 33330	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Suite 712 Ft. Lauderdale, FL 33330	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Suite 712 Ft. Lauderdale, FL 33330	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Suite 712 Ft. Lauderdale, FL 33330	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Suite 712 Ft. Lauderdale, FL 33330	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Suite 712 Ft. Lauderdale, FL 33330	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Suite 712 Ft. Lauderdale, FL 33330	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Suite 712 Ft. Lauderdale, FL 33330	<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. Michael Adler 4/27/06 (954) 434-2000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					