2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2007 08:00 AM Secretary of State DOCUMENT # P03000022055 VOODOO INVESTMENTS, INC. Principal Place of Business Mailing Address 901 EUCLID AVENUE 901 EUCLID AVENUE ORLANDO, FL 32806 ORLANDO, FL 32806 No Chg-P 02012007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 54-2104017 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BURZEE, PHILLIS T DO NOT WRITE 901 EUCLID AVENUE ORLANDO, FL 32806 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000628847 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 02/16/07-80034-001 150.00 OFFICERS AND DIRECTORS 10. TITLE BURZEE, PHYLLIS T NAME 901 EUCLID AVENUE STREET ADDRESS CITY-ST-7/P ORLANDO, FL 32806 TITLE FLYNN, WARREN F NAME 2511 BAYFRONT PARKWAY STREET ADDRESS ORLANDO, FL 32806 CITY-ST-7(P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-71P NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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:

CITY-ST-ZP

PHYLLIST . BHRZEE

2/1/07

407 841-9171

Daytime Phone #