2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P03000031409

Entity Name: ONE VOICE PRODUCTIONS EVENT SPECIALISTS INC.

Current Principal Place of Business:

1589 B OLD MOULTRIE RD.
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

1589 B OLD MOULTRIE RD.
ST. AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 33-1038759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOKSNES, SHAWN D
4605 SUSAN ST.
HASTINGS, FL 32145 US

Name and Address of New Registered Agent:

MOKSNES, SHAWN D
10025 LIGHT AVE.
HASTINGS, FL 32145 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 MOKSNES 05/01/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOKSNES, SHAWN D
Address: 4605 SUSAN ST.
City-St-Zip: HASTINGS, FL 32145 US

Title: VP ( ) Delete
Name: MOKSNES, JENNIFER A
Address: 4605 SUSAN STREET
City-St-Zip: HASTINGS, FL 32145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MOKSNES, SHAWN D
Address: 10025 LIGHT AVE
City-St-Zip: HASTINGS, FL 32145 US

Title: VP (X) Change ( ) Addition
Name: MOKSNES, JENNIFER A
Address: 10025 LIGHT AVE
City-St-Zip: HASTINGS, FL 32145

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: SHAWN MOKSNES P 05/01/2008
Electronic Signature of Signing Officer or Director Date