

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 8:00 am
Secretary of State

07-27-2005 90043 039 ***150.00

DOCUMENT # P03000077597 1. Entity Name VOICeworks, INC.			
Principal Place of Business 7519 NORTHPOINTE BLVD PENSACOLA, FL 32514		Mailing Address 7519 NORTHPOINTE BLVD PENSACOLA, FL 32514	
2. Principal Place of Business 7519 Northpointe Blvd		3. Mailing Address " "	
Suite, Apt. #, etc. " "		Suite, Apt. #, etc. " "	
City & State PNS, FL 32514		City & State " "	
Zip 32514		Country USA	
4. FEI Number APPLIED FOR 20055659		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALLANT, NATOSHIA 7519 NORTHPOINTE BLVD PENSACOLA, FL 32514		7. Name and Address of New Registered Agent Name NONE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Natoshia Gallant</i></u> 7/19/05 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D GALLANT, NATOSHIA 7519 NORTHPOINTE BLVD PENSACOLA, FL 32514	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Natoshia Gallant</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7/19/05 850-572-4457 <small>Date Daytime Phone #</small>	