2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State
02-23-2006 90006 005 ***150.00

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1. Entity Name
VOXPOWER, INC.

Principal Place of Business	Mailing Address
4431 DAFFODIL CIRCLE SOUTH PALM BEACH GARDENS, FL 33410 US	4431 DAFFODIL CIRCLE SOUTH PALM BEACH GARDENS, FL 33410 US

DO NOT WRITE IN THIS SPACE

01132008 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BYRD, ARSALIA H
4431 DAFFODIL CIRCLE SOUTH
PALM BEACH GARDENS, FL FL

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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 _____ DATE
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	BYRD, TIMOTHY L
STREET ADDRESS	4431 DAFFODIL CIRCLE SOUTH
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	VP
NAME	BYRD, ARSALIA H
STREET ADDRESS	4431 DAFFODIL CIRCLE SOUTH
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	SECR
NAME	BYRD, ARSALIA H
STREET ADDRESS	4431 DAFFODIL CIRCLE SOUTH
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	TREA
NAME	BYRD, ARSALIA H
STREET ADDRESS	4431 DAFFODIL CIRCLE SOUTH
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	DIR
NAME	MARRO, BRIAN S
STREET ADDRESS	7783 CANNONBALL ROAD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Arsalia H. Byrd ARSALIA H BYRD V.P. Ise/Trees. 3/6/06 561-309-4978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #