2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008
Secretary of State

DOCUMENT# P04000153652

Entity Name: EVOICE INTERNATIONAL INC

Current Principal Place of Business:

179313 NW 7TH STREET - SUITE 103
PEMBROKE PINES, FL 33029

New Principal Place of Business:

17913 NW 7TH STREET - SUITE 103
PEMBROKE PINES, FL 33029

Current Mailing Address:

179313 NW 7TH STREET - SUITE 103
PEMBROKE PINES, FL 33029

New Mailing Address:

17913 NW 7TH STREET - SUITE 103
PEMBROKE PINES, FL 33029

FEI Number: 20-1869955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARE, JONATHAN S MD
500 SW 108TH AVENUE - APT. 101
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: WARE, JONATHAN S MD
Address: 17900 NW 5TH STREET, SUITE 201-7
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DV ( ) Delete
Name: HIDALGO, AUSBERTO B MD
Address: 17900 NW 5TH STREET, SUITE 201-7
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: WARE, JONATHAN S MD
Address: 11214 PINES BLVD, UNIT 217
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: DV (X) Change ( ) Addition
Name: SUSAN, LITTLEJOHN S
Address: 717 BROADWAY
City-St-Zip: DUNEDIN, FL 34698 US

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: JONATHAN S. WARE, EMT, MD DP 03/20/2008

Electronic Signature of Signing Officer or Director — Date