2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000056915

Entity Name: VOICE COMMUNICATIONS OF MELBOURNE, INC.

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Julicut i illicipui i luce di Busiliess.	New i interput i luce of Business.

1483 STANLEY LANE 765 CONESTEE DRIVE

MELBOURNE, FL 32935 WEST MELBOURNE, FL 32904

Current Mailing Address: New Mailing Address:

1483 STANLEY LANE 765 CONESTEE DRIVE

MELBOURNE, FL 32935 WEST MELBOURNE, FL 32904

FEI Number: 03-0559956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOWAL, SALLY
1483 STANLEY LANE
KOWAL, SALLY
765 CONESTEE DRIVE

MELBOURNE, FL 32935 US WEST MELBOURNE, FL 32904 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: 04/10/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition

 Name:
 KOWAL, SALLY
 Name:
 KOWAL, SALLY

 Address:
 1483 STANLEY LANE
 Address:
 765 CONESTEE DRIVE

City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: WEST MELBOURNE, FL 32904

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 HALLETT, JASON
 Name:
 HALLETT, JASON

 Address:
 1483 STANLEY LANE
 Address:
 765 CONESTEE DRIVE

 City-St-Zip:
 MELBOURNE, FL 32935
 City-St-Zip:
 WEST MELBOURNE, FL 32904

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 HALLETT, ROBERT L
 Name:
 HALLETT, ROBERT L

 Address:
 1483 STANLEY LANE
 Address:
 765 CONESTEE DRIVE

 City-St-Zip:
 MELBOURNE, FL 32935
 City-St-Zip:
 WEST MELBOURNE, FL 32904

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: SALLY KOWAL PRES 04/10/2009