2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000155350

Entity Name: COMVOIP TECHNOLOGIES INC.

FILED Jul 27, 2006 Secretary of State

Littly Nan	IIE. COMPOIR TECHNOLOGIES INC				
Current Principal Place of Business:		New Prin	New Principal Place of Business:		
431 NORTI MIAMI, FL	HEAST 143RD STREET 33161				
Current Ma	ailing Address:	New Mail	New Mailing Address:		
431 NORTI MIAMI, FL	HEAST 143RD STREET 33161				
FEI Number:	FEI Number Applied For	(X) FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered Age	ent: Name and	l Address of	New Registered Agent:	
1217 CAPE #300	ITIAL SERVICES INCORPORATED E CORAL PARKWAY RAL, FL 33904 US	SERINEX 18640 NE #300 MIAMI, FL		RP.	
The above in the State	named entity submits this statement for of Florida.	or the purpose of changing	its registered	office or registered agent, or both,	
SIGNATUR	RE: SEAN ROBERTS - PRESEDENT			07/27/2006	
	Electronic Signature of Register	ed Agent		Date	
	e with s. 607.193(2)(b), F.S., the corporation paign Financing Trust Fund Contribution (-	ce.		
OFFICERS	AND DIRECTORS:	ADDITIO	NS/CHANGE	S TO OFFICERS AND DIRECTORS	÷
Title: Name: Address: City-St-Zip:	D () Delete SERINEX GLOBAL CORP., 431 NORTHEAST 143RD STREET MIAMI, FL 33161	Title: Name: Address: City-St-Zip:	SERINEX GL	(X) Change () Addition OBAL CORP., , :AST 143RD STREET 3161	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DP (PHILLIP, NOV 431 NE 143 S MIAMI, FL 33	ST.	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	VP CHAIA, WOL 431 NE 143 \$ MIAMI, FL 33	ST	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D (JEAN BYRD, 431 NE 143 S MIAMI, FL 33		

I hereby certify that the information supplied with this filing does not qualify for the 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: NOVELLA PHILLIP D 07/27/2006