

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000001314

Entity Name: VOLTAGE LTD., INC.

FILED
Feb 15, 2006
Secretary of State

Current Principal Place of Business:

11481 COMPASS POINT DR
FT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

C/O PRAGER & FENTON
675 THIRD AVE., 3RD FLOOR
NEWYORK, NY 10017 US

New Mailing Address:

C/O PRAGER & FENTON
675 THIRD AVENUE
NEWYORK, NY 10017 US

FEI Number: 65-0551768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, CLIFF
11481 COMPAS POINT DR
FT MYERS, FL 33908 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: D () Delete
Name: WILLIAMS, CLIFF
Address: 11481 COMPASS POINT DR
City-St-Zip: FORT MYERS, FL 33908

Title: O () Delete
Name: HANDWERKER, ALVIN
Address: 675 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CLIFFORD WILLIAMS

PRES

02/15/2006

Electronic Signature of Signing Officer or Director

Date