2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 27, 2008 08:00 AN Secretary of State DOCUMENT # P98000101899 PERSONAL VOICE, INC. Principal Place of Business Mailing Address 16807 U.S. HWY. 19 NORTH 16807 U.S. HWY. 19 NORTH CLEARWATER, FL 33764 CLEARWATER, FL 33764 No Chg-P CR2E034 (11/05) 01302008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3549728 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LITTLE, THOMAS C 2123 NE COACHMAN RD SUITE A IN THIS SPACE CLEARWATER, FL 33765 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent algorature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME GIORGIONE, DAVID U000000840832 STREET ADDRESS 16807 US HWY 19 N STE A 03/07/08-80008-007 150.00 CLEARWATER, FL 33764 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #

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