


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90431 006 ***150.00

DOCUMENT # G44456

1. Entity Name
TALKBOX COMMUNICATIONS, INC.



Principal Place of Business
**19800 VETERANS BLVD
 UNIT B-4
 PORT CHARLOTTE, FL 33954**

Mailing Address
**P.O. BOX 381083
 PORT CHARLOTTE, FL 33954**



2. Principal Place of Business - No P.O. Box #
3473 JADE ST

3. Mailing Address
SAME

Suite, Apt. #, etc.

04252007 Chg-P CR2E034 (12/06)

City & State
North Port FL

City & State

Zip **34286** Country **USA**

Zip Country

4. FEI Number
59-2373305

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COWELL, WILLIAM P
 19800 VETERANS BLVD
 UNIT B-4
 PORT CHARLOTTE, FL 33954**

7. Name and Address of New Registered Agent

Name **WILLIAM P COWELL**

Street Address (P.O. Box Number is Not Acceptable)
3473 JADE STREET

City **North Port** State **FL** Zip Code **34286**

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 *x WP Cowell* **REGISTERED AGENT** DATE **4/26/07**

Signature, typed or printed name of agent of record and filer (applicant) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007, Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT COWELL, WILLIAM P 17049 FALKIRK AVENUE PORT CHARLOTTE, FL 33954 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT COWELL WILLIAM P 3473 JADE ST NORTH PORT FL 34286 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *x WP Cowell* **PRESIDENT** DATE **4/26/07** DAYTIME PHONE # **9416275591**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR