


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # G77952 1. Entity Name PHOENIX ASSOCIATES, INC.	
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Principal Place of Business PO BOX 560267 ORLANDO, FL 32856-7267	Mailing Address PO BOX 560267 ORLANDO, FL 32856-7267
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04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2404721 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOBBY, WILLIAM M. III
1327 N. MILLS AVE.
ORLANDO, FL 32803-2555

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and file if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAMPTON, CLARK B. 12165 PEPPERDINE PLACE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMPTON, PATRICIA G. 12165 PEPPERDINE PLACE ORLANDO, FL
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DO NOT WRITE IN THIS SPACE

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:  Patricia G. Hampton President 4/26/06 (407) 207-6779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #