2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90404 022 ***150.00

DOCUMENT # H63577 1. Entity Name PHASE TECHNOLOGY CORPORATION					30-2007 30-	404 022 130	.00
Principal Place of Business % WILLIAM HECHT 6400 YOUNGERMAN CIR. JACKSONVILLE, FL 32244		Mailing Address % WILLIAM HECHT 6400 YOUNGERMAN CIR. JACKSONVILLE, FL 32244		- 40088522			
Principal Place of Business - No P.O. Box # 3.		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262007 C	Chg-P	CR2E034 (12/06)	=
City & State		City & State		4. FEI Number 59-2745422	2	No	plied For Applicable
Zip	Country	Zip	Country	5. Certificate of Stat		\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Addre	ess of New Regi	istered Agent	_
HECHT, WILLIAM 6400 YOUNGERMAN CIR. JACKSONVILLE, FL 32244				Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Code	<u> </u>
the obligati	named entity submits this statement for ions of registered agent. Signeture, typed or printed name of registered agent E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	and title if applicable (NOTE 9. Election Campaig	Registered Agent signature requirements			DATE	
10.	OFFICERS AND		11.	ADDITIONS/CHAN	IGES TO OFFICE	ERS AND DIRECTORS	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HECHT, WILLIAM 6400 YOUNGERMAN CIR. JACKSONVILLE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD COMBEST, CHRIS 6400 YOUNGERMAN CIRCLE JACKSONVILLE, FL 32244	☐ Delete	TIFLE NAME STREET ADDRESS CATY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HECHT, KENNETH 6400 YOUNGERMAN CIR. JACKSONVILLE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	☐ Change	Addition
ITILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1ITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ 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 eath; 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 a address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-7770700 Daytine Phone • .