


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90018 026 ***558.75

DOCUMENT # H63577
1. Entity Name
PHASE TECHNOLOGY CORPORATION



Principal Place of Business Mailing Address
% WILLIAM HECHT % WILLIAM HECHT
6400 YOUNGERMAN CIR. 6400 YOUNGERMAN CIR.
JACKSONVILLE, FL 32244 JACKSONVILLE, FL 32244

60043375



DO NOT WRITE IN THIS SPACE

05152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2745422	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HECHT, WILLIAM
6400 YOUNGERMAN CIR.
JACKSONVILLE, FL 32244

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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 _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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	CD HECHT, WILLIAM 6400 YOUNGERMAN CIR. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD COMBEST, CHRIS 6400 YOUNGERMAN CIRCLE JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HECHT, KENNETH 6400 YOUNGERMAN CIR. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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: _____ *5/15/08* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #