


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000008032 1. Entity Name PHOENIX BROS., INC.	
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FILED
07 SEP 18 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1005 B LINCOLN AVENUE MELBOURNE, FL 32901-1	Mailing Address 1005 B LINCOLN AVENUE MELBOURNE, FL 32901-1
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

08062007 Chg-NP CR2E037 (12/06)

4. FEI Number	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent SCHARBACKER, WILLIAM K 1005 B LINCOLN AVENUE MELBOURNE, FL 32901-1	7. Name and Address of New Registered Agent Name <u>GONSALVES Joseph W.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2070 Little John Rd.</u> <u>Melbourne, Fla</u> City <u>FL</u> Zip Code <u>32935</u>
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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 Joseph W. Gonsalves Joseph W. Gonsalves 12/Sept - 07
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHABACKER, WILLIAM K	NAME	<u>GONSALVES Joseph W</u>
STREET ADDRESS	90 BLUE BIRD BLVD.	STREET ADDRESS	<u>2070 Little John Rd</u>
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	CITY-ST-ZIP	<u>Melbourne Fla 32935</u>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRONTERA, DAVID C	NAME	600109563366
STREET ADDRESS	380 SEA BULL AVE. S.W.	STREET ADDRESS	09/18/07--01021--025 **\$1.25
CITY-ST-ZIP	PALM BAY, FL 32908	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, THOMAS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	746 MOHAWK AVE.	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	MELBOURNE, FL 32935	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	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 617, 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: Joseph W. Gonsalves Joseph W. Gonsalves 12/Sept/07 3212430456
(Signature typed or printed name of signing officer or director Date Daytime Phone #)