

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Sep 11, 2007  
Secretary of State**

DOCUMENT# P02000071423

Entity Name: PHASE III DEVELOPMENT GROUP, INC.

**Current Principal Place of Business:**

17720 N BAY RD.  
#904  
SUNNY ISLES BEACH, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 546486  
MIAMI BEACH, FL 33154 US

**New Mailing Address:**

FEI Number: 38-3653795      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PELLOT, ISRAEL  
17720 N. BAY RD  
# 904  
SUNNY ISLES BEACH, FL 33160 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: PELLOT, ISRAEL  
Address: PO BOX 546486  
City-St-Zip: MIAMI BEACH, FL 33154

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PSTD ( ) Change (X) Addition  
Name: PELLOT, FRANCESCA E  
Address: PO BOX 546486  
City-St-Zip: MIAMI BEACH, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISRAEL PELLOT

MR

09/11/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date