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Secretary of State

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2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000100759

1. Entity Name
PHENIX GROUP VENTURES CORPORATION

400117450

01262008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
33920 US HWY 19 N SUITE 170 PALM HARBOR, FL 34684 US	33920 US HWY 19 N SUITE 170 PALM HARBOR, FL 34684 US
2. Principal Place of Business - No P.O. Box # 34770 US HWY 19 N	3. Mailing Address 34770 US HWY 19 N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State PALM HARBOR FL	City & State PALM HARBOR FL
Zip 34684 Country ?	Zip 34684 Country

4. FEI Number 54-2098655 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEROUX, GERALD
33920 US HWY 19 N
SUITE 170
PALM HARBOR, FL 34684

7. Name and Address of New Registered Agent

Name GERALD LEROUX
Street Address (P.O. Box Number is Not Acceptable) 34770 US HWY 19 N
City PALM HARBOR FL Zip Code 34684

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 [signature] JAN 31/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WOJCIK, RICHARD 33920 US HWY 19 N #170 PALM HARBOR, FL 34684	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 34770 US HWY 19 N PALM HARBOR FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD LEROUX, GERALD 33920 US HWY 19 N #170 PALM HARBOR, FL 34684	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 34770 US HWY 19 N PALM HARBOR FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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

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: [signature] JAN31/08 727 776 3020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #