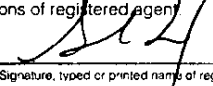
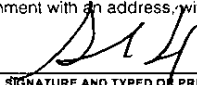


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90047 001 ***150.00

DOCUMENT # P02000100759 1. Entity Name PHENIX GROUP VENTURES CORPORATION					
Principal Place of Business 33920 US HWY 19 N SUITE 170 PALM HARBOR, FL 34684 US			Mailing Address 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		4. FEI Number 54-2098655	
Zip 34684		Country US		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, typed or printed name of registered agent and title if applicable.			DATE JAN 31/08 (NOTE: Registered Agent signature required when reinstating)		
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 ☐ Delete 33920 US HWY 19 N #170 PALM HARBOR, FL 34684		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	CEO LEROUX, GERALD ☐ Delete 33920 US HWY 19 N #170 PALM HARBOR, FL 34684		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	
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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE JAN 31/08 727 776 3020 Date Daytime Phone #		