


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000154847
1. Entity Name
PHELPS MEDIA GROUP, INC.



Principal Place of Business
14440 PIERSON RD.
WEST PALM BEACH, FL 33414

Mailing Address
13833 WELLINGTON TRACE, UNIT E-4
NO. 221
WELLINGTON, FL 33414



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 36-4546282	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PHELPS, MASON
14440 PIERSON RD.
WELLINGTON, FL 33414

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

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	D PHELPS, MASON 13833 WELLINGTON TRACE, UNIT E-4 WELLINGTON, FL 33414
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01/25/06-80008-020 150.00

**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: Mason Phelps 1/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #