

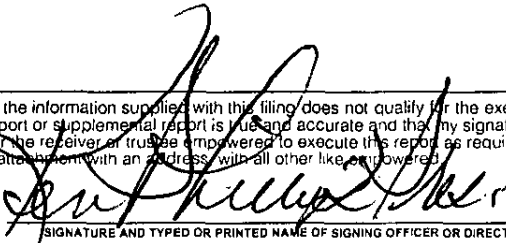


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 498589</b>		
1. Entity Name KEN PHILLIPS AUTO SALES, INC.		
Principal Place of Business 1921 NORTH DIXIE HIGHWAY POMPANO BEACH, FL 33060-5045		Mailing Address 1921 NORTH DIXIE HIGHWAY POMPANO BEACH, FL 33060-5045
<b>DO NOT WRITE IN THIS SPACE</b>		
		
04242007 No Chg-P CR2E034 (11/05)		
4. FEI Number 59-1650925		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  PHILLIPS, KENNETH 5030 NE 26TH TERR POMPANO BEACH, FL 33064		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	PSD	
NAME	PHILLIPS, KENNETH E.	
STREET ADDRESS	5030 NE 26 TERR	
CITY- ST- ZIP	LIGHTHOUSE POINT, FL 33064	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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 of changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		4-28-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date