

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 502828

Entity Name: PHILLIPS GROVES, INC.

FILED
Apr 16, 2007
Secretary of State

Current Principal Place of Business:

219 FLORAL ST
OCOE, FL 347612622 US

New Principal Place of Business:

141 TERRA MANGO LOOP, STE B
ORLANDO, FL 32835 US

Current Mailing Address:

219 FLORAL ST.
OCOE, FL 347612622 US

New Mailing Address:

141 TERRA MANGO LOOP, STE B
ORLANDO, FL 32835 US

FEI Number: 59-1667150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, JAMES S
219 FLORAL ST
OCOE, FL 34761 US

Name and Address of New Registered Agent:

PHILLIPS, JAMES S
141 TERRA MANGO LOOP, STE B
ORLANDO, FL 32835 US

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: JAMES S. PHILLIPS

04/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TS () Delete
Name: CURNAN, CATHY P
Address: 1474 KELSO BLVD
City-St-Zip: WINDERMERE, FL 34786

Title: PD () Delete
Name: PHILLIPS, JAMES S
Address: 1476 KELSO BLVD
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: PHILLIPS, JAMES D
Address: 1475 KELSO BLVD
City-St-Zip: WINDERMERE, FL 34786

Title: VPD () Delete
Name: PHILLIPS, TIMOTHY C
Address: 438 VALLEY VIEW DR
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VP (X) Change () Addition
Name: PHILLIPS, TIMOTHY C
Address: 438 VALLEY VIEW DR
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the 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: CATHY P. CURNAN

ST

04/16/2007

Electronic Signature of Signing Officer or Director

Date