

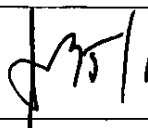
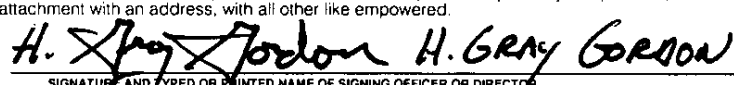


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 710192</b> 1. Entity Name FLORIDA PHOSPHATE COUNCIL, INC.						FILED 07 APR 30 AM 10:42 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>WESTCOTT STATION</b> 150 SOUTH MONROE STREET, STE. 306 TALLAHASSEE, FL 32301 US				Mailing Address 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 03302007 Chg-NP CR2E037 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>59-1101976</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
INTRASTATE REGISTERED AGENT CORPORATION				Name			
701 BRICKELL AVENUE				Street Address (P.O. Box Number is Not Acceptable)			
SUITE 3000							
MIAMI, FL 33131				City			
				FL Zip Code			
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 _____							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PINNEY, STEVEN L 150 S. MONROE STREET, STE. 306 TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GORDON, H. GRAY 150 S. MONROE STREET, STE. 306 TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, BO 150 S. MONROE STREET, STE. 306 TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600101628366</b> <b>05/07/07--01002--024 **70.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:  H. GRAY GORDON				Date: 4/30/2007			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			