2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004741

Entity Name: PH TENANT CORPORATION

FILED Apr 01, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
450 S. ORANGE AVE. ORLANDO, FL 328024920							
Current Mailing Address:				New Mailing Address:			
P.O. BOX 4920 ORLANDO, FL 328024920				P.O. BOX 2226 ORLANDO, FL 328022226			
FEI Number: 59-3742487 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()						Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
STRICKLAND, C. BRIAN 450 S. ORANGE AVE. ORLANDO, FL 328013336 US				THOMAS, STEPHANIE J 450 S. ORANGE AVE. ORLANDO, FL 328013336 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: STEPHANIE J THOMAS				04/01/2005			
	Electronic	Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS: ADD				ADDITION	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () Delete STIDD, ANDREW L 445 BROAD HOLLOW ROAD MELVILLE, NY 11747		Title: Name: Address: City-St-Zip:	() Change () Addition			
Title: Name: Address: City-St-Zip:	WONG, TONY	Oelete STREET, STE 1715 10036		Title: Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	DP ()E HUTCHISON, THO 450 S. ORANGE ORLANDO, FL 3	AVE.		Title: Name: Address: City-St-Zip:	DCEO (X HUTCHISON, T 450 S. ORANG ORLANDO, FL	E AVE.	
Title: Name: Address: City-St-Zip:	CEO () E SENEFF, JAMES 450 S.ORANGE A ORLANDO, FL 3	VE.		Title: Name: Address: City-St-Zip:	P (X GRISWOLD, JO 450 S.ORANGE ORLANDO, FL	E AVE.	
Title: Name: Address: City-St-Zip:	T ()E BOURNE, ROBER 450 S.ORANGE A ORLANDO, FL 3	VE.		Title: Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	EVP () E STRICKLAND, C. 450 S.ORANGE A ORLANDO, FL 3	WE.		Title: Name: Address: City-St-Zip:	EVPS (X STRICKLAND, 450 S.ORANGE ORLANDO, FL	E AVE.	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN A GRISWOLD P 04/01/2005