
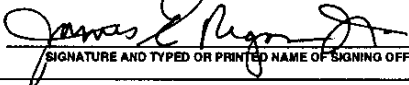


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90051 027 \*\*\*150.00

<b>DOCUMENT # F09119</b> 1. Entity Name <b>PHASOR CORPORATION</b>					
Principal Place of Business <b>3773 CENTRAL AVE STE A051 ST PETERSBURG, FL 33713</b>			Mailing Address <b>3773 CENTRAL AVE STE A051 ST PETERSBURG, FL 33713</b>		
2. Principal Place of Business - No P.O. Box # <b>8950 Dr MLK ST North</b>		3. Mailing Address <b>PO BOX 55368</b>			
Suite, Apt. #, etc. <b>Suite 130</b>		Suite, Apt. #, etc. 			
City & State <b>St Petersburg FL</b>		City & State <b>St Petersburg FL</b>		4. FEI Number <b>59-2045634</b>	
Zip <b>33702</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>WINEBRENNER, J M 3773 CENTRAL AVE ST PETERBURG, FL 33713</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>8950 Dr Martin Luther King St North</b>  <b>Suite 130</b>  City <b>St Petersburg</b> <b>FL</b> Zip Code <b>33702</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 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALEY, ROBERT M 112 VILLAGE DR SHAVERTON, PA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALEY, MARY M 112 VILLAGE DR. SHAVERTOWN, PA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REGAN JR., JAMES E. 23 N. PIONEER AVE DALLAS, PA 18612	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>  <b>JAMES E. REGAN, JR.</b> <b>2-7-07</b> <b>570-331-0502x12</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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