
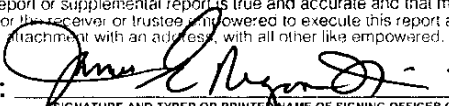


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90018 024 \*\*\*150.00

<b>DOCUMENT # F09119</b> 1. Entity Name <b>PHASOR CORPORATION</b>					
Principal Place of Business <b>8950 DR MLK ST NORTH SUITE 130 SAINT PETERSBURG, FL 33702</b>			Mailing Address <b>PO BOX 55368 SAINT PETERSBURG, FL 33732</b>		
2. Principal Place of Business - No P.O. Box # <b>1384 - 54th AVE NE</b>		3. Mailing Address Suite, Apt. #, etc. 			
City & State <b>ST PETERSBURG FL</b>		City & State 		4. FEI Number <b>59-2045634</b>	
Zip <b>33703</b>		Country <b>USA</b>		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 8950 DR MLK ST NORTH SUITE 130 SAINT PETERSBURG, FL 33702</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1384 - 54th AVE NE</b> City, State, Zip <b>ST PETERSBURG FL 33703</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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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.					
SIGNATURE:  <b>James E. Regan Jr</b> 3-10-08 727/327-1256 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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