2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G12947

Entity Name: PHASETRONICS, INC.

FILED Jan 08, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
1600 SUN	SHINE DRIVE ATER, FL 337				
Current Mailing Address:			New Mailing Address:		
P. O. BOX CLEARWA	(5988 ATER, FL 337	58			
FEI Number	: 59-2333321	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:	
1600 SUN CLEARWA	L, JAMES R. SHINE DRIVE ATER, FL 337	65 US			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	ALBERTS, KAR	S BAYWAY #17	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DPTP (MITCHELL, JA 3196 SHOREL CLEARWATER	INE DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS (PLOUFFE, WII 200 SKIFF PT CLEARWATER		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (ADELLE, MITO 2144 WRENS CLEARWATER	WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CD (BENNETT, LES 1944 BARBAR CLEARWATER	A AVE.	Title: Name: Address: City-St-Zin:	() Change () Addition	

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: JAMES R. MITCHELL DPTP 01/08/2007