


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # G66235	
1. Entity Name PHILIP JAMES ASSOCIATES, INC.	

Principal Place of Business RAYVAN BUILDING - SUITE 300 3350 EAST ATLANTIC BOULEVARD POMPAÑO BEACH, FL 33062	Mailing Address RAYVAN BUILDING - SUITE 300 3350 EAST ATLANTIC BOULEVARD POMPAÑO BEACH, FL 33062
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01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0099545	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARREN, PHILIP
3350 E. ATLANTIC BLVD RAYVAN BLDG #300
POMPAÑO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

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 _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000530755
01/18/07-80068-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WARREN, PHILIP M 3350 E ATLANTIC BL #300 POMPAÑO BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATES, JAMES 1900 AUSTRALIAN RIVIERA BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 IIRs empowered.

SIGNATURE:  **1/15/07** **(954) 941-0780**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #