2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H03959

City-St-Zip:

Entity Name: PHILBO ASSOCIATES, INC.

FILED Apr 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4801 JOHNSON RD SUITE 11 COCONUTCREEK, FL 33073 **New Mailing Address: Current Mailing Address:** 4801 JOHNSON RD SUITE 11 CORAL SPRINGS, FL 33065 FEI Number: 59-2413278 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: WEINER, ROBERT A. WEINER, ROBERT A 11771 NW 26TH CT 7150 GREAT FALLS CIRCLE CORAL SPRINGS, FL 33065 US BOYNTON BEACH, FL 33437 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: 04/16/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition WEINER, ROBERT A., Name: Name: 7150 GREAT FALLS CIRCLE Address: Address: City-St-Zip: BOYNTON BEACH, FL 33437 US City-St-Zip: Title: Title: () Delete () Change () Addition WEINER, PHYLLIS, Name: Name: 7150 GREAT FALLS CIRCLE Address: Address: BOYNTON BEACH, FL 33437 US City-St-Zip: City-St-Zip: Title: Title: FVP () Delete FVP (X) Change () Addition PERLMAN, LISA PERLMAN, LISA Name: Name: 9414 PEABODY CT 19107 TWIN RIVER LANE Address: Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: BOCA RATON, FL 33498 Title: CFO () Delete Title: () Change () Addition WYNER, HOWARD Name: Name: Address: 5359 NW 119TH TERR Address: City-St-Zip: CORAL SPRINGS, FL 33496 City-St-Zip: Title: Title: COO () Delete () Change (X) Addition Name: Name: PERLMAN, PHILLIP Address: Address: 19107 TWIN RIVER LANE

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

BOCA RATON, FL 33498

SIGNATURE: ROBERT WEINER PRES 04/16/2008