2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # H34962

1. Entity Name
PHAETON CORPORATION

Principal Place of Business	Mailing Address
12835 AUTOMOBILE BLVD CLEARWATER, FL 33762 US	1340 TREAT BLVD 600 WALNUT CREEK, CA 94597 US

01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2490166
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NOVOTNY, GLENN W
STREET ADDRESS	1340 TREAT BLV.., SUITE 600
CITY-ST-ZIP	WALNUT CREEK, CA 94597
TITLE	CEOP
NAME	PENNINGTON, DAN
STREET ADDRESS	1340 TREAT BLVD ., SUITE 600
CITY-ST-ZIP	WALNUT CREEK, CA 94597
TITLE	CFOS
NAME	GILL, GRADY
STREET ADDRESS	1340 TREAT BLVD ., SUITE 600
CITY-ST-ZIP	WALNUT CREEK, CA 94597
TITLE	V
NAME	ROWE, DENNIS
STREET ADDRESS	1340 TREAT BLVD., SUITE 600
CITY-ST-ZIP	WALNUT CREEK, CA 94597
TITLE	V
NAME	DENISON, JACK
STREET ADDRESS	1340 TREAT BLVD ., SUITE 600
CITY-ST-ZIP	WALNUT CREEK, CA 94597
TITLE	ASTD
NAME	KANE, TIMOTH J
STREET ADDRESS	1340 TREAT BLVD ., SUITE 600
CITY-ST-ZIP	WALNUT CREEK, CA 94597

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05/09/07-80030-020 150.00

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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: T. K 4-17-07 925-948-3692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #