2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000057

Entity Name: PH.D. ENTERPRISES, LLC

FILED Jan 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5055 8TH ST. NORTH 6149 CHANCELLOR DR. ST. PETERSBURG, FL 33703 SUITE 700 - LB 0400 US

ORLANDO, FL 32809 US

Current Mailing Address: New Mailing Address:

P.O. BOX 56599 P.O. BOX 850001

ST. PETERSBURG, FL 33732 ORLANDO, FL 328850400 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOSINSKI, MICHAEL KOSINSKI, MICHAEL 5055 8TH ST. NORTH 6149 CHANCELLOR DR. ST. PETERSBURG, FL 33703 US SUITE 700 - LB 0400

ORLANDO, FL 32809 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: MICHAEL KOSINSKI 01/05/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

CEO Title: () Delete (X) Change () Addition

KOSINSKI, MICHAEL KOSINSKI, MICHAEL Name: Name: P.O. BOX 56599 Address: 6149 CHANCELLOR DR. SUITE 700 Address:

City-St-Zip: ST. PETERSBURG, FL 33732 City-St-Zip: ORLANDO, FL 32809 US

Title: Title: () Change (X) Addition () Delete

Name: Name: PALIS, SALLY Address: Address: 114 CRANE NECK ST. City-St-Zip: City-St-Zip: W. NEWBURY, MA 01985 US

Title: () Delete Title: DIR () Change (X) Addition

Name: PALIS, JACK Name: 5 GREEN FARM LANE Address: Address: City-St-Zip: City-St-Zip: STOCKTON, NJ 08559 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL KOSINSKI 01/05/2009