

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90157 020 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000059148					
1. Entity Name PHD FORMULATIONS, LLC					
Principal Place of Business 3407 BOOT BAY RD PLANT CITY, FL 33563			Mailing Address 3407 BOOT BAY RD PLANT CITY, FL 33563		
2. Principal Place of Business 2933 BAYSHORE POINTE DR Suite, Apt. #, etc.		3. Mailing Address 2933 BAYSHORE POINTE DR Suite, Apt. #, etc.			
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 65-1231251	
Zip 33611		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WALSH, KATHLEEN A 3407 BOOT BAY RD PLANT CITY, FL 33563				7. Name and Address of New Registered Agent Name: CANDACE DELEONARDIS Street Address (P.O. Box Number is Not Acceptable): 2933 BAYSHORE POINTE DR. City: TAMPA FL Zip Code: 33611	
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: <u>CANDACE DELEONARDIS, MGRM Candace DeLeonardis</u> DATE: <u>2/5/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BORISOFF, HELICIA 247 ARBOR WOODS CIR. OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELEONARDIS, CANDACE 2933 BAYSHORE POINTE DR. TAMPA, FL 33611	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCNULTY, AMY 3407 BOOT BAY RD PLANT CITY, FL 33563	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALSH, KATHLEEN 3407 BOOT BAY RD PLANT CITY, FL 33563	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCNULTY, AMY 4611 RADER PASS SAN ANTONIO, TX 78247	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALSH, KATHLEEN 4611 RADER PASS SAN ANTONIO, TX 78247	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELEONARDIS, SUSAN 6315 WINGSPAN WAY BRADENTON, FL 34203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELEONARDIS, SUSAN 6315 WINGSPAN WAY BRADENTON, FL 34203	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Candace DeLeonardis</u> 2/5/05 813-835-4237 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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