2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2006
Secretary of State

DOCUMENT# L04000059148

Entity Name: PHD FORMULATIONS, LLC

Current Principal Place of Business:

2933 BAYSHORE POINTE DRIVE
TAMPA, FL 33611

New Principal Place of Business:

6315 WINGSPAN WAY
BRADENTON, FL 34203

Current Mailing Address:

2933 BAYSHORE POINTE DRIVE
TAMPA, FL 33611

New Mailing Address:

6315 WINGSPAN WAY
BRADENTON, FL 34203

FEI Number: 65-1231251 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELEONARDIS, CANDACE
2933 BAYSHORE POINTE DRIVE
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

DELEONARDIS, SUSAN
6315 WINGSPAN WAY
BRADENTON, FL 34203 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: SUSAN DELEONARDIS 03/02/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DELEONARDIS, SUSAN
Address: 6315 WINGSPAN WAY
City-St-Zip: BRADENTON, FL 34203

Title: MGRM ( ) Delete
Name: DELEONARDIS, CANDACE
Address: 2933 BAYSHORE POINTE DR.
City-St-Zip: TAMPA, FL 33611

Title: MGRM ( ) Delete
Name: MCNULTY, AMY
Address: 4611 RADER PASS
City-St-Zip: SAN ANTONIO, TX 78247

Title: MGRM ( ) Delete
Name: WALSH, KATHLEEN
Address: 4611 RADER PASS
City-St-Zip: SAN ANTONIO, TX 78247

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN DELEONARDIS MGRM 03/02/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date