

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Sep 15, 2004
Secretary of State**

DOCUMENT# N03000006625

Entity Name: PHOG, INC.

Current Principal Place of Business:

4253 SE 106TH PLACE
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

4253 SE 106TH PLACE
BELLEVIEW, FL 34420

New Mailing Address:

FEI Number: 30-0196204 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESCOTT, PREZEL
4253 SE 106TH PLACE
BELLEVIEW, FL 34420

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PRESCOTT, PREZEL
Address: 4253 SE 106TH PLACE
City-St-Zip: BELLEVIEW, FL 34420

Title: D () Delete
Name: MCDONALD, DWIGHT
Address: 4253 SE 106TH PLACE
City-St-Zip: BELLEVIEW, FL 34420

Title: D () Delete
Name: VARGAS, HIRAM
Address: 4253 SE 106TH PLACE
City-St-Zip: BELLEVIEW, FL 34420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PREZEL PRESCOTT

D

09/15/2004

Electronic Signature of Signing Officer or Director

_____ Date