

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001034

FILED
Apr 28, 2006
Secretary of State

Entity Name: PHOENIX RISING INTERNATIONAL, INC.

Current Principal Place of Business:

926 TRUMAN AVE.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

926 TRUMAN AVE.
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 20-2122044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLEY, ALBERT L
926 TRUMAN AVE
KEY WEST, FL 33040 US

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: KELLEY, ALBERT L
Address: 926 TRUMAN AVE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: KELLEY, ANGELINA
Address: 926 TRUMAN AVE.
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: KELLEY, MARTHA
Address: 835 SHAMROCK DR
City-St-Zip: SEBRING, FL 33875

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 Chapter 119, 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: ALBERT L. KELLEY

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date