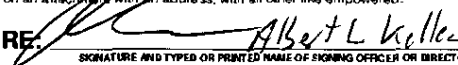


FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90194 006 ****61.25

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**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N95000001034					
1. Entity Name PHOENIX RISING INTERNATIONAL, INC.					
Principal Place of Business 926 TRUMAN AVE. KEY WEST, FL 33040			Mailing Address 926 TRUMAN AVE. KEY WEST, FL 33040		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number			Applied For ☒ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KELLEY, ALBERT L 926 TRUMAN AVE KEY WEST, FL 33040			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent's signature required when removing) Signature (typed or printed name of registered agent and title if applicable) DATE					
FILE NOW FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KELLEY, ALBERT L		NAME		
STREET ADDRESS	926 TRUMAN AVE		STREET ADDRESS		
CITY-STATE-ZIP	KEY WEST, FL 33040		CITY-STATE-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KELLEY, ANGELINA		NAME		
STREET ADDRESS	926 TRUMAN AVE.		STREET ADDRESS		
CITY-STATE-ZIP	KEY WEST, FL 33040		CITY-STATE-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KELLEY, MARTHA		NAME		
STREET ADDRESS	5113 MEMORIAL DR.		STREET ADDRESS		
CITY-STATE-ZIP	SEBRING, FL 33879		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4-14-03 305 256 0160		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CH2E037 (10/02)