FILED Apr 19, 2007 8:00 am Secretary of State

2007	ANNUAL REP	

04-19-2007 90187 003 ***150.00 DOCUMENT # P01000010977 PHAN & ASSOCIATES, INC. գրուս -Principal Place of Business Mailing Address 730 N MILLS AVENUE 730 N MILLS AVENUE ORLANDO, FL 32803 ORLANDO, FL 32803 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-3530934 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PHAN, DANNY D Street Address (P.O. Box Number is Not Acceptable) 730 N MILLS AVENUE ORLANDO, FL 32803 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPST Addition TITLE ☐ Delete TITLE □ Change PHAN, DANNY D NAME NAME STREET ADDRESS 1940 WESTPOINTE CIRCLE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32835 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this tilling does not qualify for the exemptions contained 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 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 607, 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR