2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000016315  1. Entity Name PHM, INC.				Secretary of State
Principal Place of Business — Mailing Address 19340 NORTHEAST 2 AVE 19340 NORTHEAST:				<b>\</b>
19340 NOR MIAMI FL 3		19340 NORTHEAST 2 MIAMI FL 33179	AVE	
2. Principal I	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & Sta	te	City & State		4. FEI Number 65-1077233 Applied For Not Applied by
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Curren	Registered Agent		7. Name and Address of New Registered Agent
			. Name	
LOFFREDO, JUDITH J ESQ 9999 NE 2 AVE STE 216 MIAMI SHORES FL 33138			Street Address	s (F.O. Box Number is Not Acceptable)
			City	FL Zip Code
8. The above the obliga	e named entity submits this statement f tions of registered agent.	or the purpose of changing its	registered affice or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Squature wheel or printed name of registered agen	t and little d anglesable (NGTE	. Registered Agent September 1600a	red when roinstainig) DATE
F			The grant of the g	DATE.
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department (	Q		9. Election Campaign Financing \$5.00 May 86 Trust Fund Contribution.  Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEADER, DAVID L 19340 NORTHEAST 2 AVE MIAMI FL 33179	☐ Delete	THE MAME STREET ADDRESS CHY-ST-ZP	☐ Change ☐ Addition 1300000419965 02/15/06-80827-810 150.80
TITLE	This date ( 2 date d	Delete	TIPLE	☐ Change ☐ Addition
NAME	{	ماواول	NAME	C Othings C Notation
STREET ADDRESS CITY-ST-279	}	,	STREET ADDRESS	
THE		☐ Defete	CITY ST-ZIP	C Ohmenn T Addition
NAME	{	Li Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ACORESS	
CHY-SY-71P		<del></del>	CITY-ST-ZIP	
TOTCE		☐ Delete	TIPLE	☐ Change ☐ Addition
NAME STREET ADDRESS	}		NAME STREET ADDRESS	
CITY-ST-ZIP		_	CITY-ST-ZIP	
TITLE		☐ Defete	THEE	☐ Change ☐ Addition
name Street address			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TeTLE	☐ Change ☐ Addition
KAME			NAME	
STREET ADDRESS CITY-S7-ZTP			STREET ADDRESS CITY-ST-ZIP	•

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path, 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:

1/30/06 305.486-8678

FILED