

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000076717

FILED
Jan 04, 2008
Secretary of State

Entity Name: PHASE ONE CONCEPTS, INC.

Current Principal Place of Business:

465 ARTHUR GODFREY ROAD
PENTHOUSE SUITE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

465 ARTHUR GODFREY ROAD
PENTHOUSE SUITE
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-1132666 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARKSON, JUNE M ESQ.
2640 HOLLYWOOD BLVD.
SUITE 201
HOLLYWOOD, FL 33020 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V.P. () Delete
Name: PELFREY, DENNIS C
Address: 2824 N.E. 14TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: PRES () Delete
Name: OWENS, RICHARD
Address: 465 ARTHUR GODFREY ROAD PENTHOUSE SUITE
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD OWENS

PRES

01/04/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date