


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000110562</b> 1. Entity Name PHILIP YOUNG APPS INC.	
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Principal Place of Business 156 CAZZIE DRIVE BOSTWICK, FL 32007	Mailing Address PO BOX 462 BOSTWICK, FL 32007
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<b>DO NOT WRITE IN THIS SPACE</b>
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04132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3756839	Applied For Not Applicable
5. Certificate of Status Desired. <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  YOUNG, PHILIP G JR 156 CAZZIE DRIVE BOSTWICK, FL 32007
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P YOUNG, PHILIP G JR 156 CAZZIE DRIVE BOSTWICK, FL 32007
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<p>U000000133791 04/27/04-80103-012 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR</small>	<b>4-24-04</b> <small>Date</small>	<b>937-4130</b> <small>Daytime Phone #</small>
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