

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000110562

1. Entity Name  
PHILIP YOUNG APPS INC.



**FILED  
Apr 27, 2006 8:00 am  
Secretary of State**

04-27-2006 90209 049 \*\*\*150.00

Principal Place of Business  
156 CAZZIE DRIVE  
BOSTWICK, FL 32007

Mailing Address  
PO BOX 462  
BOSTWICK, FL 32007



**DO NOT WRITE IN THIS SPACE**

01122006 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

YOUNG, PHILIP G JR  
156 CAZZIE DRIVE  
BOSTWICK, FL 32007

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME YOUNG, PHILIP G JR  
STREET ADDRESS 156 CAZZIE DRIVE  
CITY-ST-ZIP BOSTWICK, FL 32007

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

425-06 386-937-4630

Date

Daytime Phone #