2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2007 08:00 AM **DOCUMENT # P01000110562 Secretary of State** PHILIP YOUNG APPS INC. Principal Place of Business Mailing Address 156 CAZZIE DRIVE PO BOX 462 BOSTWICK,, FL 32007 BOSTWICK,, FL 32007 CR2E034 (11/05) 01122007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3756839 Not Applicable \$8.75 Additional . **□**. 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent YOUNG, PHILIP G JR DO NOT WRITE 156 CAZZIE DRIVE BOSTWICK, FL 32007 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE YOUNG, PHILIP G JR NAME 156 CAZZIE DRIVE STREET ADDRESS CITY-ST-ZIP BOSTWICK, FL 32007 TITLE U00000733793 05/09/07-80098-022 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 gath: 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone ♥

386-937-4150

FILED