2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-7/P

Apr 05, 2006 8:00 am Secretary of State DOCUMENT # P02000030545 04-05-2006 90153 001 ***158.75 1. Entity Name THE PHONE SPOT, INC. Principal Place of Business Mailing Address 819 PEACOCK PLAZA #600 819 PEACOCK PLAZA #600 KEY WEST, FL 33040 KEY WEST, FL 33040 50009150 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 04-3648260 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.' Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARMAN, WILLIAM B Street Address (P.O. Box Number is Not Acceptable) 819 PEACOCK PLAZA #600 KEY WEST, FL 33040 City Zip Code 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 (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 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** TITLE Delote TITLE Change Addition NAME HARMAN, WILLIAM B HARMAN WILLIAM B. IVT NAME STREET ADDRESS 68 BAY DRIVE BAY POINT, PO BOX 9104 STREET ADDRESS CITY-ST-ZIP KEY WEST, FL 330419104 CITY-ST-ZIP KEY WEST FIL 33040 TITLE ☐ Delete TITLE T Change ☐ Addition HARMAN WILLIAM B GB BAY DRIVE - BAY POINT KEY WEST, FL 33040 NAME HARMAN, WILLIAM B NAME STREET ADDRESS 68 BAY DRIVE BAY POINT, PO BOX 9104 STREET ADDRESS CITY-ST-ZIP KEY WEST, FL 330419104 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

WILLIAM B. KARIMAN, PIRKSIDKUT \$1866 305-296-533

FILED