


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90099 043 \*\*\*150.00

<b>DOCUMENT # P02000040766</b>					
<b>1. Entity Name</b> PHIL'S TRAINING, INC.					
<b>Principal Place of Business</b> 5763 S.W. 65 AVE. <i>3850 Hollywood Blvd. #204</i> MIAMI, FL 33143 <i>HOLLYWOOD, FL 33021</i>			<b>Mailing Address</b> 3850 Hollywood Blvd. #204 MIAMI, FL 33143 <i>HOLLYWOOD, FL 33021</i>		
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>3. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip      Country			
<b>4. FEI Number</b> 42-1534820				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SHARLET, PHILIP 5763 S.W. 65 AVE. MIAMI, FL 33143			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHARLET, PHILIP <input type="checkbox"/> Delete <del>5763 S.W. 65 AVE.</del> <i>3850 Hollywood Blvd #204</i> <del>MIAMI, FL 33143</del> <i>HOLLYWOOD, FL 33021</i>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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 empowers.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>3-2-06</i> Daytime Phone #		

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