2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000073335 1. Entity Name PHASE THREE - DRP DEVELOPMENT, INC.

FILED
Jan 18, 2007 08:00 AM
Secretary of State



Principal Place of Business

3701 EAU BLVD. STE 205 BOCA RATON, FL 33431 Mailing Address

3701 EAU BLVD. STE 205 BOCA RATON, FL 33431



01112007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0086091 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent			
	6. Name and A	ddress of Current	Registered Agent

DO NOT WRITE IN THIS SPACE

HEAD, THOMAS A 3701 EAU BLVD. STE 205 BOCA RATON, FL 33431

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 Fiorida. 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						
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	000000590175 01/18/07-80046-015 15000	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEAD, THOMAS A 3701 EAU BLVD. STE 205 BOCA RATON, FL 33431					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS GITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
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 oath; that I am an officer or director of the corporation or the receiver or trustre empowered to execute mis 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 approximation of the corporation of the c

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Head

1/12/07 56/347691

Daytime Phone #