

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90080 014 ***150.00

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|---|--|--|---|--|--|
| DOCUMENT # P03000075723 | | | | | |
| 1. Entity Name CUSTOM CREATIONS & DESIGN BY PHIL, INC. | | | | | |
| Principal Place of Business 217 VIA D'ESTE #1803 DELRAY BEACH, FL 33445 | | | Mailing Address 217 VIA D'ESTE #1803 DELRAY BEACH, FL 33445 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address <i>TO TAX HELP INC.</i> 1730 S. FEDERAL HWY. Suite, Apt. #, etc. 260 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State DELRAY BEACH, FL | | 4. FEI Number 75-3128959 | |
| Zip | | Country | | Applied For Not Applicable | |
| Zip 33483 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ACKERMAN, PHILIP A 217 VIA D'ESTE #1803 DELRAY BEACH, FL 33445 | | | 7. Name and Address of New Registered Agent Name <i>Tremblay, W.J</i> Street Address (P.O. Box Number is Not Acceptable) 1730 S. FEDERAL HWY. STE. 260 City <i>DELRAY BEACH</i> FL Zip Code <i>33483</i> | | |
| 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 <i>W.J. Tremblay</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>103/12/07</i> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ACKERMAN, PHILIP A 217 VIA D'ESTE #1803 DELRAY BEACH, FL 33445 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <i>Philip Ackerman</i> | | | Date <i>3/14/07</i> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daylong Phone # | | |