2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 30, 2007 08:00 AM Secretary of State DOCUMENT # P03000110477 DAVID G. PHILLIPS AUCTIONS, INC. Principal Place of Business Mailing Address 666 NE 128 ST N MIAMI FL 33161 666 NE 128 ST N MIAMI FL 33161 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 01-0821021 Not Applicable Ζıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo PHILLIPS, DAVID G Street Address (P.O. Box Number is Not Acceptable) 666 NE 128 ST N MIAMI FL 33161 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 Signature, typod or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when remistating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ШЕ ☐ Defete Change PHILLIPS, DAVID G NAME NAMI 666 NE 128 ST STEEL LADORUSS SIDEFT ADDRESS N MIAMI FL 33161 CHY S1-719 CHY-SI-7P nm☐ Delete 1014 □ Change Addition NAMI NAME STREET ADDRESS STREET LADDRESS CHY-SI-ZIP CHY-SI-ZIP Change ☐ Addition Delete 100 NAMI NAME U00000745885 STREET ADDRESS STREET ADDRESS 05/16/07-80046-018 150.00 CHY-SI-ZIE CHY-ST-78P ☐ Change ☐ Addition Defete NAME NAMI STREET ADORESS STREET ADDRESS CHY-ST-ZiP CHY ST-74P Delcle HOE ☐ Change ■ Addition Tital NAME STOLE LADDRESS STREET ADDRESS CITY-ST-ZIP CHY+SI-7IP TITLE Delete BILE Change Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7/P I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, 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

SIGNATURE AND TYPED OR PRINTED NAME

<u>David G. Phillips</u>

4/27/07

305-895-0470

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