2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 21, 2006 8:00 am **Secretary of State** DOCUMENT # P03000136312 1. Entity Name 03-21-2006 90026 046 ***150.00 TODD PHILLIPS, INC. Principal Place of Business Maiting Address 40020 1938 SW BILTMORE ST 2562 SW CARPENTER ST PORT SAINT LUCIE, FL 34984 PORT SAINT LUCIE, FL 34984 03152006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0417030 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent ACCESS ACCOUNTING, INC. DO NOT WRITE 432 SW LAKEHURST DR PORT SAINT LUCIE, FL 34983 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 Florida. 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 whon reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DIR TITLE PHILLIPS, TODD NAME STREET ADDRESS 2562 SW CARPENTER ST PORT SAINT LUCIE, FL 34984 CITY-ST-ZIP TITLE PHILLIPS, TODD STREET ADDRESS 2562 SW CARPENTER ST CITY-ST-ZIP PORT SAINT LUCIE, FL 34984 TITLE NAME PHILLIPS, TODD 2562 SW CARPENTER ST STREET ADDRESS WORDT WRITE CITY-ST-ZIP PORT SAINT LUCIE, FL 34984 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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. 3/16/06

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED