2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000106839

Entity Name: PHONE STAR, INC

FILED May 05, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4305 N ARMENIA AVE 2602 E BUSCH BLVD TAMPA, FL 33607 SUITE C TAMPA, FL 33612 **Current Mailing Address: New Mailing Address:** 4305 N ARMENIA AVE 2602 E BUSCH BLVD SUITE C TAMPA, FL 33607 TAMPA, FL 33612 US FEI Number: 16-1704117 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GAETANO, KIMBERLY R GAETANO, KIMBERLY R 4305 N ARMENIA AVE 2602 E BUSCH BLVD TAMPA, FL 33607 SUITE C TAMPA, FL 33607 US 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. SIGNATURE: KIMBERLY R GAETANO 05/05/2008 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: COB () Delete () Change () Addition CHEPOVSKY, DONALD Name: Name: 18561 HARBOR LIGHT WAY Address: Address: City-St-Zip: BOCA RATON, FL 33498 US City-St-Zip:

Title: PRES Title: () Delete Name: GAETANO, KIMBERLY R Name: 4305 N ARMENIA AVE Address: Address: TAMPA, FL 33607 US City-St-Zip: City-St-Zip: Title: VP/T Title: () Delete

PROUGH, JANA Name: 1622 CRAZY HORSE DRIVE Address: City-St-Zip: LUTZ, FL 33559

Title: 2DVP () Delete PETITTE, FLOYD Name: Address: 15001 DEADRIVER RD City-St-Zip: THONOTOSASSA, FL 33592

City-St-Zip: Title: 2DVP (X) Change () Addition PETITTE, FLOYD Name:

GAETANO, KIMBERLY R

2602 E BUSCH BLVD

TAMPA, FL 33612 US

(X) Change () Addition

() Change () Addition

Address: 10222 DOUGLAS OAKS CIR#101

City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

VΡ SIGNATURE: JANA PROUGH 05/05/2008