2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # P05000035486 04-17-2006 90364 011 ***150.00 PHR SERVICES, INC. Principal Place of Business Mailing Address 40000000 4406 SOUTH FLORIDA AVENUE 4406 SOUTH FLORIDA AVENUE SUITE #22F SUITE #22F LAKELAND, FL 33813 LAKELAND, FL 33813 US 2. Principal Place of Business //37 Hwy 98 S. PO BOX Suite, Apt. #, etc. Suite, Apt. #, etc. 04012006 Chg-P CR2E034 (11/05) SUITE B 4 FEI Number 20 - 2461618 City & State Applied For LAKELAND FL HIGHLAND Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired BUK Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRISON WEAVER, LILLIAN ---Street Address (P.O. Box Number is Not Acceptable) 4406 S. FLORIDA AVENUE SUITE #22F 1137 HWY 98 S, LAKELAND, FL 33813 SUITE B Zip Code 33801 City LAK ELAND 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 4/11/06 SIGNATURE. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE !S \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change Delete TITLE P, T CHRISTOPHER HARRISON 1137 HWY 98 S. SUITEB LAKELAND FL 33801 HARRISON, CHRISTOPHER NAME 4406 S. FLORIDA AVE, SUITE 22F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-7(P VP.S VPIS LILLIAN WEAVER 1137 HWY 985, SUITE B LKEI AND FL 33901 Change Delete TITLE ☐ Addition WEAVER, LILLIAN NAME NAME STREET ADDRESS 4406 S. FLORIDA AVE. SUITE 22F STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP TIFLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

FILED

4/11/06 863 286 6618