2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000041056

Entity Name: PHB INDUSTRIES, INC.

FILED May 01, 2006 Secretary of State

| Entity Name: PHB INDUSTR | RES, INC. | | | |
|--|--------------------------------|---|--|----------------------------------|
| Current Principal Place of Business: | | New Principal Place of Business: | | |
| 50 N. LAURA STREET, STE. 2600 JACKSONVILLE, FL 32202 | | 2375 ST.JOHNS BLUFF RD. S. SUITE 107 JACKSONVILLE, FL 32246 | | |
| Current Mailing Address: | New Mailing Address: | | | |
| 50 N. LAURA STREET, STE. 2600 JACKSONVILLE, FL 32202 | | 2375 ST.JOHNS BLUFF RD. S. SUITE 107 JACKSONVILLE, FL 32246 | | |
| FEI Number: 20-2584681 FEI | Number Applied For () FEI Num | nber Not Applic | cable () Ce | ertificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | | |
| BUSS, ADAM J. 50 N. LAURA STREET, STE. 2600 JACKSONVILLE, FL 32202 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: | | | | |
| 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: () Delete Name: Address: City-St-Zip: | e | Title: Name: Address: City-St-Zip: | DVP () Cha PARRY, WILLIAM 12791 HUNTLEY M. JACKSONVILLE, FI | |
| Title: () Delete Name: Address: City-St-Zip: | e | Title: Name: Address: City-St-Zip: | DPS () Cha HUME, MICHAEL 3815 FENWICK ISL JACKSONVILLE, FL | |
| Title: () Delete Name: Address: City-St-Zip: | e | Title: Name: Address: City-St-Zip: | DT () Cha BUSS, ADAM 12760 CATTAIL PO JACKSONVILLE, FI | |

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: ADAM BUSS DT 05/01/2006