2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000139471

Title:

Name:

Address:

City-St-Zip:

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TERNIER, SARAHJANE MS

PLANTATION, FL 33325 US

12460 SW 1TH STREET

FILED Apr 20, 2006 Secretary of State

Entity Name: PHIL MULTI SERVICES CORP. **Current Principal Place of Business: New Principal Place of Business:** 17 SOUTH STATE ROAD 7 PLANTATION, FL 33325 **Current Mailing Address: New Mailing Address:** 17 SOUTH STATE ROAD 7 PLANTATION, FL 33325 US FEI Number: 02-0757460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BIEN-AIME, PHILIPPE SR 12460 S.W. 1 TH STREET PLANTATION, FL, FL 33325 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 Election Campaign Financing Trust Fund Contribution (X). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: PRFS (X) Change () Addition PHILIPPE, BIEN-AIME SR PHILIPPE, BIEN-AIME SR Name: Name: 12460 SW 1 TH STREET 12460 SW 1 TH STREET Address: Address: City-St-Zip: PLANTATION, FL 33325 US City-St-Zip: PLANTATION, FL 33325 US Title: VΡ (X) Delete Title: () Change () Addition Name: CASTOR, JOSTHA MS Name: 12460 SW 1 TH STREET Address: Address: PLANTATION, FL 33325 US City-St-Zip: City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PHILIPPE BIEN-AIME **PRES** 04/20/2006

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