
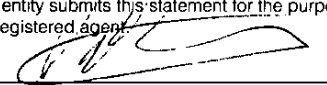


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90099 009 \*\*\*158.75

<b>DOCUMENT # P06000139216</b>			
1. Entity Name <b>PHONE CODERS, CORPORATION</b>			
Principal Place of Business <b>11855 NORTHEAST 19TH DRIVE #50 NORTH MIAMI, FL 33181</b>		Mailing Address <b>11855 NORTHEAST 19TH DRIVE #50 NORTH MIAMI, FL 33181</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>PO Box 603</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>North Liberty IA</b>	
Zip	Country	Zip <b>52317</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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  DATE <b>5-1-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD POLLOCK, JACK T 11855 NORTHEAST 19TH DRIVE NORTH MIAMI, FL 33181</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5-1-07 186  
262-3135**

~~ATTACHMENT #~~ <sup>40106218</sup> ~~P0600.0/377/6~~

Please be advised - we made several attempts to file on-line. However we were unable.

Please make a note of this and try to correct this for next year.