2008 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P07000111068

1. Entity Name
PHIL TERR ENTERPRISES INC.

Principal Place of Business	Mailing Address
7116 RAIN FOREST DRIVE BOCA RATON, FL 33434	7116 RAIN FOREST DRIVE BOCA RATON, FL 33434

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #. etc.	Suite, Apt. #. etc.
City & State	City & State
Zip / Country	Zip / Country

03282008   Chg-P   CR2E034 (12/06)

4. FEI Number	Applied For
75 - 3256129	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COHAN, TERRI MS. 7116 RAIN FOREST DRIVE BOCA RATON, FL 33434	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	GAMM, PHILIP H DR.		NAME			
STREET ADDRESS	7116 RAIN FOREST DRIVE		STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP			
TITLE	S	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	COHAN, TERRI MS.		NAME			
STREET ADDRESS	7116 RAIN FOREST DRIVE		STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _Phil Gamm_   Mr. Philip Gamm Pres   4/21/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #