2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2006 08:00 AM Secretary of State

| DOCUMENT # P9300 1. Entity Name PHIL ALLEN, INC. | 0035195 | |
|---|---|---|
| Principal Place of Business 482 SW GERTRUDE DR LAKE CITY, FL 32024 US | Mailing Address 482 SW GERTRUDE DR LAKE CITY, FL 32024 U | 5 |

DO NOT WRITE IN THIS SPACE

03092006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3191623 Applied For Not Applicat:

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

| | VILLARD E MMA PLACE Y, FL 32025 | | | NOT WRIT | |
|---|---|--|-----------------------------------|---------------------------------------|------------------------------|
| | e named entity submits this statement for the pations of registered agent. | purpose of changing its registered | office or registered agent, or bo | oth, in the State of Florida 1 a | am familiar with, and accep |
| SIGNATURE Signature, lyped or printed name at registered egont end site if eppticable. (NOTE: Registered Agent signature required when reinstalling) | | | . Dat | E | |
| FIL After M | E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | Election Campaign Finance Trust Fund Contribution. | ing \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | CTORS | | , i | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | PD ALLEN, PHILLIP W 482 SW GERTRUDE DR LAKE CITY, FL 32024 VPSD ALLEN, KIM 482 SW GERTRUDE DR LAKE CITY, FL 32024 | - · · · · · · · · · · · · · · · · · · · | | 000000523 05/03/06-300 NOT WRIT | 70-023 150.00 FE |
| CHY-ST-ZP TITLE NAME STREEL ADDRESS CXTY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZP | | | | | |
| CITY-ST-IP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | · · | ling does not quality for the exer | IN | THIS SPAC | certify that the information |

12. Thereby certify that the information supplied with this filling does not quality 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 HAME OF SIGNING OFFICER OR DIRECTOR

Higolo

986/754-5824 Dayting Prison #