
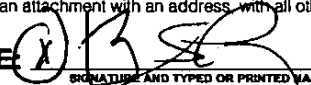


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90015 044 \*\*\*150.00

<b>DOCUMENT # P94000038400</b> 1. Entity Name <b>A PHIPPS DESIGN, INC.</b>			
Principal Place of Business <b>2610 BEE RIDGE RD</b> <b>SARASOTA, FL 34239 US</b>		Mailing Address <b>2610 BEE RIDGE RD</b> <b>SARASOTA, FL 34239 US</b>	
2. Principal Place of Business - No P.O. Box # <b>3615 Mineola Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>3615 Mineola Dr</b> Suite, Apt. #, etc.	
City & State <b>SARASOTA FL</b> Zip <b>34239</b>		City & State <b>SARASOTA FL</b> Zip <b>34239</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0493846</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PHIPPS, BRIAN E</b> <b>3615 MINEOLA DR</b> <b>SARASOTA, FL 34239</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>PHIPPS, BRIAN E</b> <input type="checkbox"/> Delete STREET ADDRESS <b>3615 MINEOLA DR</b> CITY-ST-ZIP <b>SARASOTA, FL 34231</b>	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
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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 		<b>BRIAN E PHIPPS</b> <b>PRESIDENT</b> Date <b>2/15/08</b> (944) 955-1912	