2006 FOR PROFIT CORPORATION

Mar 27, 2006 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P94000044516 1. Entity Name 03-27-2006 90270 040 ***150.00 PHASE XV. INC. Principal Place of Business Mailing Address 27900 CROWN LAKE BLVD 331 FOLKERTH AVE BONITA SPRINGS, FL 34135-4242 US SIDNEY, OH 45365 US 50005735 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0522050 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRIESELDING, JOHN 500 ESTERO BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 596 FORT MYERS BEACH, FL 33931 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition BOU-SLIMAN, GEORGE K NAME STREET ADDRESS 5079 POST OAK LANE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34105 CITY-ST-ZIP TIFLE ☐ Delete TITLE ☐ Change ■ Addition GRIESELDING, JOHN NAME NAME STREET ADDRESS 500 ESTENO BLVD SUITE 596 STREET ADDRESS CITY-ST-ZIP FORT MYERS BEACH, FL 33931 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition COOPER, CHARLES NAME STREET ADDRESS 2449 W MARKET ST STREET ADDRESS CITY-ST-ZIP TIFFIN, OH 44883 CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Addition NAME SHOEMAKER, THOMAS NAME HOLIDAY INN, 400 FOLKERTH AVE STREET ADDRESS STREET ADDRESS CITY-ST-74P **SIDNEY, OH 45365** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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

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