2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 19, 2007 08:00 AM DOCUMENT # P95000022553 1. Entity Name **Secretary of State** PHYLLIS G. SINGER, INC. Principal Place of Business Mailing Address 7571 NW 120TH DRIVE PARKLAND FL 33076 7571 NW 120TH DRIVE PARKLAND FL 33076 2. Principal Placo of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0561894 Not Applicable Zip Country Zip 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 SINGER, PHYLLIS G 7571 NW 120TH DRIVE Street Address (P.O. Box Numbor is Not Acceptable) PARKLAND FL 33076 City Žip Codo 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, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete HILE ☐ Change ☐ Addition SINGER, PHYLLIS G NAMI NAME U00000639512 7571 NW 120TH DRIVE STREET ADDRESS STREET ADDRESS 02/28/07-80029-005 150.00 PARKLAND FL 33076 CITY-ST-ZIP CITY-SI-ZIP THE Delete THIC Change Addition NAMI NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP HH Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Delete IIILE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

he information supplied with this filling does not qualify for the exemptions contained in Soction 119, Florida Statutos. I further certify that the information by for supplemental report is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director 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 and the property with an officer or the supplemental report is a required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 indicated on this re SIGNATUR!

I hereby certify that