2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000024008

Entity Name: CABLE-PHON-ICS. INC.

FILED Jan 24, 2008 Secretary of State

Littly Name: CABLE-FITON-ICS, INC.							
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
3852 N.W. 4 COCONUT	42ND WAY CREEK, FL (33063					
Current Ma	ailing Addres	s:	New Maili	New Mailing Address:			
3852 N.W. 4 COCONUT	42ND WAY CREEK, FL (33063					
FEI Number:	65-0569651	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desire	d ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
RENFORD, 3852 N.W. (COCONUT	, ORLEBAR 42ND WAY CREEK, FL (33063 US		MCLISH 42ND WAY CREEK, FL	33063 US		
The above in the State		submits this statement for the p	ourpose of changing i	ts registered o	office or registered agent,	or both,	
SIGNATUR	E: DMCLISH				01/24/2008		
	Electron	ic Signature of Registered Age	ent		Date		
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VD () ROACH, DELRO 8500 N.W. 45TH LAUDERHILL, F	STREET	Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name: Address: City-St-Zip:	D () BAKER, MERCU 15749 S.W. 149 MIAMI, FL 3319	OTH TERRACE	Title: Name: Address: City-St-Zip:				
Title: Name: Address: City-St-Zip:	MCLISH, DONA	EST 55TH TERRACE	Title: Name: Address: City-St-Zip:	MCLISH, DONA 3852 NW 42NI			
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	SHIELDS, CLE 5655 W MCNA			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DMCLISH PD 01/24/2008