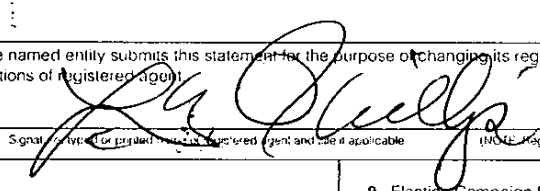
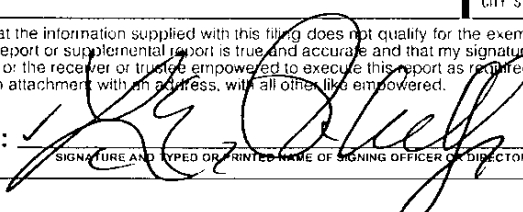


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90210 050 ***150.00

DOCUMENT # P97000013438 1. Entity Name L.M. PHILLIPS CORPORATION					
Principal Place of Business 3320 SO US HWY 27/441 FRUITLAND PARK, FL 34731 US			Mailing Address 3320 SO US HWY 27/441 FRUITLAND PARK, FL 34731 US		
2. Principal Place of Business - No P.O. Box # 2160 US Hwy 27/441 Suite, Apt. #, etc		3. Mailing Address 2160 US Hwy 27/441 Suite, Apt. #, etc			
City & State Fruitland Park, FL		City & State Fruitland Park, FL		03102007 Chg-P CR2E034 (12/06)	
Zip Country 34731 US		Zip Country 34731 US		4. FEI Number 59-3425787	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PHILLIPS, LARRY M 3320 SO US HWY 27/441 FRUITLAND PARK, FL 34731			7. Name and Address of New Registered Agent Name: Larry M Phillips Street Address (P.O. Box Number is Not Acceptable): 2160 US Hwy 27/441 City: Fruitland Park FL Zip Code: 34731		
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:  DATE: 4/24/07 Signature of individual or registered agent and fee if applicable (NAME of registered agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, LARRY M 3320 SO US HWY 27/441 FRUITLAND PARK, FL 34731	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larry M Phillips 2160 US Hwy 27/441 Fruitland Park, FL 34731	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: 			DATE: 4/24/07		