
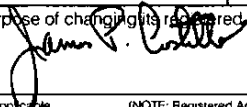
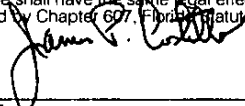


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90038 024 ***150.00

DOCUMENT # P97000031606			
1. Entity Name PHOENIX ADVANCED, INC.			
Principal Place of Business 35914 US HWY 27 STE 2B HAINES CITY, FL 33844		Mailing Address 9535 SILVER LAKE DR LEESBURG, FL 34788	
2. Principal Place of Business - No P.O. Box # 862 Shellbark Way		3. Mailing Address 862 Shellbark Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State The Villages, FL		City & State The Villages, FL	
Zip 32162	Country USA	Zip 32162	Country USA
6. Name and Address of Current Registered Agent COSTELLO, JAMES 9535 SILVER LAKE DRIVE LEESBURG, FL 34788		7. Name and Address of New Registered Agent Name: Costello, James P Street Address (P.O. Box Number is Not Acceptable) 862 Shellbark Way City: The Villages FL Zip Code: 32162	
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: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P COSTELLO, JAMES 9535 SILVER LAKE DR LEESBURG, FL 34785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Costello, James P 862 Shellbark Way The Villages, FL 32162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V METCALFE, JEFFREY 35914 US HWY 27 STE 2B HAINES CITY, FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Metcalfe, Jeffrey 2497 Enterprise Rd Orange City, FL 32763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Daytime Phone: _____			



03012008 Chg-P CR2E034 (12/06)

4. FEI Number **59-3450285** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required