2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2006 8:00 am Secretary of State DOCUMENT # P97000102696 05-02-2006 90202 032 ***150.00 PHOENIX OF DAVIE, INC. Principal Place of Business Mailing Address **60034345** 1101 S. ROGERS CIRCLE., SUITE 3 1101 S. ROGERS CIRCLE., SUITE 3 BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business 1101 S. ROGEIS CIRCLE 3. Mailing Address 1101 S. Rovers Circle Suite, Apt. #, etc. Suite, Apt. #, etc. 01212006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For RATON FL 65-0801200 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEVINS, GLENN Street Address (P.O. Box Alumber is Not Acceptable) 1101 S. ROGERS CIRCLE., SUITE 3 BOCA RATON, FL 33487 Boca KATON 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. GleNN LEVINS SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change ☐ Addition TITLE ☐ Delete TITLE LEVINS, GLENN NAME NAME 1101 S. ROGERS CIR #3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY - ST- ZIP ☐ Change Addition TITLE 🔀 Delete **LEVINS, JAY** NAME NAME STREET ADDRESS 2250 WASHINGTON AVE STREET ADDRESS CITY-ST-ZIF SEAFORD, NY 11783 CITY - ST - ZIP Delete TITLE TITLE Change ☐ Addition LEVINS, LAWRENCE NAME NAME 2250 WASHINGTON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEAFORD, NY 11783 CITY-ST-ZIP **Addition** ☐ Delete TITLE ☐ Change TITLE GARY LEVINS GARY Levins Circle #10 NAME NAME 1101 S. ROGERS CIRCL #10 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33487 CITY-ST-ZIP BOCA RATON ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

GleNN Levins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED