


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00
Secretary of Stat

DOCUMENT # P98000088208 1. Entity Name PHILENA CORPORATION	
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Principal Place of Business 2638 SE 19TH AVE CAPE CORAL, FL 33904	Mailing Address 1217 E. CAPE CORAL PKWY, SUITE 192 CAPE CORAL, FL 33904
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01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0901513	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent WRIGHT, CHRISTINE F 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAMSCH, EVA 2638 S.E. 19TH AVENUE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAMSCH, HANS-HERMANN 2638 S.E. 19TH AVENUE CAPE CORAL, FL 33904
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<p>1188000194033 01/25/05-80082-020 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* eva GRAMSCH 01-18-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #