2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Apr 27, 2007 8:00 am Secretary of State 04-27-2007 90230 048 ***158.75

Principal Pisce of Business S6 WILARD ST SE TOT COCOA, FL 32922 2. Principal Pisce of Business - No P.O. Box # 3. Mailing Address Sale, Apr. 4, etc. 03302007 Chg. P CR26034 (12/06) City & State	PHARLO		TECHNOLOGIES											
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S. Certificate of Status Desired Sta	City & State			City & State										
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current Registered						7. Name and	Address of New	Registered /	Agent			
Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Syraure, hood or printed name of registered agent and library and in properties of agent and library and printed name of registered agent. (POTE Programmo Agent algorithm received when remailating) FILE NOWITH FEE IS \$150.00 S. Election Campaign Financing \$5.00 May Be Added to Fees After May 1, 2007 Fee will be \$550.00 S. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITIE D. OFFICERS AND DIRECTORS TITLE NAWE STREET ADDRESS OITY-ST-2P FT. PIERCE, FL. 34982 OITY-ST-2P TITLE D. CREASEY, DAVID Debte TITLE NAWE STREET ADDRESS STREET ADDRESS STREET ADDRESS OITY-ST-2P D. CREASEY, DAVID Debte TITLE OITY-ST-2P D. CREASEY, DAVID Debte Debte TITLE OITY-ST-2P D. CREASEY, DAVID Debte D	DICKINGO	DIGINAGON DAVID						Name						
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this record or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director.		<u> </u>								44 11				

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.