


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90081 048 ***150.00

| | |
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| DOCUMENT # V08391 |  |
| 1. Entity Name PHR ASSOCIATES, INC. | |

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| Principal Place of Business P.O. BOX 271364 TAMPA, FL 33688-1364 | Mailing Address P.O. BOX 271364 TAMPA, FL 33688-1364 |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|--|-------------------------------|
|  | |
| 04232007 | Chg-P CR2E034 (12/06) |
| 4. FEI Number 59-3101957 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|--|
| 6. Name and Address of Current Registered Agent | |
| ADERHOLD, THOMAS R 8001 N DALE MABRY #501R TAMPA, FL 33614 | |

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|---|-------------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) 5215 WILCOX RD | |
| City TAMPA | FL Zip Code 33624 |

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|---|------|
| 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 |
| (NOTE: Registered Agent signature required when reinstating) | |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | DP ADERHOLD, THOMAS R. 8001 N DALE MABRY 501R TAMPA, FL 33614 <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 |
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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.

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|--|---------|-----------------|
| SIGNATURE:  | 4-28-07 | 813 505-2334 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THOMAS R. ADERHOLD | Date | Daytime Phone # |