2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V59245

1. Entity Name PHALANX CORPORATION



FILED Jan 19, 2007 08:00 AN **Secretary of State**

Principal Place of Business

4501 N DIXIE HWY BOCA RATON, FL 33431 US Mailing Address

4501 N DIXIE HWY BOCA RATON, FL 33431

US



DO NOT WRITE IN THIS SPACE

01152007 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 65-0389025 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RASSIAS, JOHN N 7879 CEÑABIAIOOD CIDCLE

DO NOT WRITE

BOCA RATON, FL 33434				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE					DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Fin Trust Fund Contributio		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS				for the second s	
NTLE NAME STREET ADDRESS CITY-ST-ZIP	PD RASSIAS, JOHN N 4501 N DIXIE HWY BOCA RATON, FL 33431					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000593416 01/22/07-80031-013 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS					·*	

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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:

CITY-ST-ZIP

UNOV ASSIAS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/16/07 Date

954)360-0000

Daytone Phone #