## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # V59245 1. Entity Name PHALANX CORPORATION



FILED Jan 30, 2008 08:00 AN Secretary of State

| Principal | Place | of Bu | usines |
|-----------|-------|-------|--------|

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

4501 N DIXIE HWY

BOCA RATON, FL 33431 US



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|                            | 01092008 No C                 | hg-P CR2E034 (11/05)                                |
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| DOMOT WILL IN THIS SPA   | UE. | 4. FEI Number  | <br>Applied For                   |
|--|-----|--|-----------------------------------|
|  |     | 65-0389025   | Not Applicable                    |
| The state of the s |     | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required |
| 6 Name and Address of Current Registered Agent   |     | the transfer of the contract o | <br>or the state of the state of  |

6. Name and Address of Current Registered Agent

RASSIAS, JOHN N 7678 CEDARWOOD CIRCLE BOCA RATON, FL 33434

## DO NOT WRITE IN THIS SPACE

|  |  |  | and the second s | The late of the state of the st |
|--|--|--|--|--|
|  | named entity submits this statement for the plans of registered agent. | ourpose of changing its registere                    | ed office or registered agent, or bo   | oth, in the State of Florida. I am familiar with, and accept   |
| SIGNATURE.                                     | Signature, typed or printed name of registered agent and title         | al applicable (NOTE: Registered                      | d Agent signature required when reinstating)   | DATE   |
| FIL<br>After Ma                                | E NOWIII FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00            | Election Campaign Finan     Trust Fund Contribution. | \$5.00 May Be Added to Fees  |  |
| 10.<br>TITLE                                   | OFFICERS AND DIRECT  | CTORS  |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | RASSIAS, JOHN N<br>4501 N DIXIE HWY<br>BOCA RATON, FL 33431            |  |  | 000000804202<br>02/05/08-80060-007/150/00  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  | DO   | NOT WRITE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  | IN   | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS                |  |  |  |  |

12. I hereby 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 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:

Walted John N. KASSIAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 JAN 2008 (954) 360-0000