

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003379

FILED
May 01, 2004
Secretary of State

Entity Name: CHIARA CORPORATION

Current Principal Place of Business:

19703 CRYSTAL VIEW COURT
GERMANTOWN, MD 20876

New Principal Place of Business:

18502 CROSSVIEW ROAD
BOYDS, MD 20841

Current Mailing Address:

1350 BEVERLY ROAD, SUITE 115-457
MCLEAN, VA 22101

New Mailing Address:

FEI Number: 52-2314436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLESPIE, JAMES
441 SANDY KEY
MELBOURNE BEACH, FL 32951 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTC () Delete
Name: D'ARGENIO, DOUGLASS
Address: 1350 BEVERLY ROAD, SUITE 115-457
City-St-Zip: MCLEAN, VA 22101

Title: VD () Delete
Name: GILLESPIE, JAMES
Address: 441 SANDY KEY
City-St-Zip: MELBOURNE, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLASS D'ARGENIO

PSTC

05/01/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date