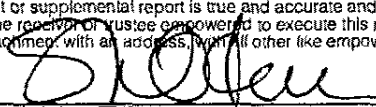


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 29, 2007 08:00 AM
Secretary of State**

DOCUMENT # J01008 1. Entity Name CHRISTOPHER F. O'HARE, INC.		
Principal Place of Business 530 MIDDLE ROAD DELRAY BEACH, FL 33483 US		Mailing Address 530 MIDDLE ROAD DELRAY BEACH, FL 33483 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent O'HARE, CHRISTOPHER F 530 MIDDLE ROAD DELRAY BEACH, FL 33483		DO NOT WRITE 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)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DATE 02/01/07-80023-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD O'HARE, CHRISTOPHER F. 530 MIDDLE ROAD DELRAY BEACH, FL 33483	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CHILDERS-O'HARE, SHELLEY 530 MIDDLE ROAD DELRAY BEACH, FL 33483	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 person 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		12-07 Date 5615888920 Daytime Phone #