


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90420 045 \*\*\*150.00

**DOCUMENT # K13481**  
 1. Entity Name  
**CHANARAL RESOURCES INC.**



Principal Place of Business      Mailing Address  
**114 W.MAGNOLIA ST.**      **114 W.MAGNOLIA ST.**  
**SUITE 400-PMB102**      **SUITE 400-PMB102**  
**BELLINGHAM, WA 98225**      **BELLINGHAM, WA 98225**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

900000



04262007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**65-0032447**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>INCORP SERVICES, INC.</b> <b>17888 67TH COURT NORTH</b> <b>LOXAHATCHEE, FL 33470</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL      Zip Code

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

**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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OLIVIER, JAN			NAME			
STREET ADDRESS	114 W. MAGNOLIA ST., STE. 400-102			STREET ADDRESS			
CITY-ST-ZIP	BELLINGHAM, WA 98225			CITY-ST-ZIP			
TITLE	CFO	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAXWELL, DAVID			NAME			
STREET ADDRESS	114 W. MAGNOLIA ST., STE. 400-102			STREET ADDRESS			
CITY-ST-ZIP	BELLINGHAM, WA 98225			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCRAE, OWEN			NAME			
STREET ADDRESS	114 W. MAGNOLIA ST., STE. 400-102			STREET ADDRESS			
CITY-ST-ZIP	BELLINGHAM, WA 98225			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OLIVIER, CHANELLE			NAME			
STREET ADDRESS	114 W.MAGNOLIA ST., STE. 400-102			STREET ADDRESS			
CITY-ST-ZIP	BELLINGHAM, WA 98225			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 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 to this address, with all other like empowered.

**SIGNATURE:** JAN OLIVIER Pres.      Date: April 28/07      Daytime Phone #: 604 691 1762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR