


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90208 045 ***150.00

DOCUMENT # L79582	
1. Entity Name THE CHASE GROUP INC.	

Principal Place of Business 3401 SOUTH ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169 US	Mailing Address 3401 SOUTH ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169 US
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60035430



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3015495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAULFIELD, ANNA
 182 HIBISCUS ROAD
 EDGEWATER, FL 32141

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 _____ DATE _____
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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC CAULFIELD, ANNA B 182 HIBISCUS ROAD EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS BREINER, NANCY W. 192 HIBISCUS ROAD EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WALKER, MARY L. 400 W. SUMMERON LANE ORLANDO, FL 328392956
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 with an address, with all other like empowered.

SIGNATURE: Anna B Caulfield 4/27/08 386 423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #