


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000050158
 1. Entity Name
CHAOS RODS, INC.



Principal Place of Business Mailing Address
UNITS 1313 & 1315 NORTH G CENTER **UNITS 1313 & 1315 NORTH G CENTER**
1303 CENTRAL TER **1303 CENTRAL TER**
LAKE WORTH, FL 33460 **LAKE WORTH, FL 33460**

DO NOT WRITE IN THIS SPACE



04172006 No Chg-F CR2E034 (11/05)

4. FEI Number, **65-1012152** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CASTELLS, ADOLFO
1441 LANTANA COURT
WESTON, FL 33326

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PS CASTELLS, ADOLFO UNITS 1313 & 1315 NORTH G CENTER LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTELLS, SUMMER UNITS 1313 & 1315 NORTH G CENTER LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CONNLEY, BRYAN UNITS 1313 & 1315 NORTH G CENTER LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNLEY, JESSICA UNITS 1313 & 1315 NORTH G CENTER LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000519274
 05/02/06-80048-002 150.00

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 live employees.

SIGNATURE: *Adolfo Castells*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06 954 7828500
 Date Daytime Phone #