


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90235 009 ***150.00

DOCUMENT # P02000069006			
1. Entity Name STANTON CHASE INTERNATIONAL, INC.			
Principal Place of Business 2385 EXECUTIVE CENTRE DRIVE SUITE 100 BOCA RATON, FL 33431		Mailing Address 1900 N. KRONE AVE ST. HOMESTEAD, FL 33030	
2. Principal Place of Business		3. Mailing Address <i>90 FERGUSON & FERGUSON</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>5458 N. UNIVERSITY</i>	
City & State		City & State <i>LAUDERHILL, FL</i>	
Zip	Country	Zip	Country
		<i>33351</i>	<i>BROWARD</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FERGUSON, G. ARNOTT 4900 N. KRONE AVE HOMESTEAD, FL 33030		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		<i>5458 N. UNIVERSITY DRIVE</i>	
		City	FL Zip Code
		<i>LAUDERHILL</i>	<i>33351</i>
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: <i>[Signature]</i>		DATE: <i>3-13-06</i>	
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK, WILLIAM E JR	NAME	
STREET ADDRESS	7859 MANDARIN DRIVE 211	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	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	
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 with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		PRES. WILLIAM E FRANK JR. 3/13/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Date/Time Photo #	

