

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90273 016 \*\*\*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  
**C/O FERGUSON & FERGUSON  
 5458 N UNIVERSITY DR.  
 LAUDERHILL, FL 33351**

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

3. Mailing Address  
**FERGUSON & FERGUSON**

Suite, Apt. #, etc.  
**7120 S.W. 5TH ST.**

City & State  
**PLANTATION, FL**

City & State  
**PLANTATION, FL**

Zip  
**33317**

Country  
**BROWARD**



02202007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  
**FERGUSON, G. ARNOTT  
 5458 N UNIVERSITY DR  
 LAUDERHILL, FL 33351**

7. Name and Address of New Registered Agent

Name  
**G. ARNOTT FERGUSON**

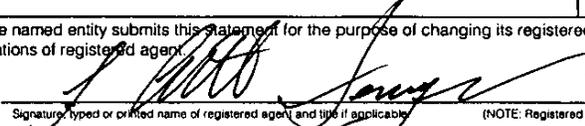
Street Address (P.O. Box Number is Not Acceptable)  
**7120 S.W. 5TH STREET**

City  
**PLANTATION**

State  
**FL**

Zip Code  
**33317**

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: **4-16-07**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

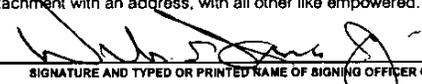
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b> <input type="checkbox"/> Delete<br><b>FRANK, WILLIAM E JR</b><br><b>7859 MANDARIN DRIVE 211</b><br><b>BOCA RATON, FL 33433</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  DATE: **4-16-07** (567) 997-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**W. E. FRANK, JR.**