


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000022298
 1. Entity Name
 CHUKO CORPORATION



Principal Place of Business: 998 SEMORAN BLVD, ORLANDO, FL 32807
 Mailing Address: 1025 MEADOWLARK LANE, MERRITT ISLAND, FL 32953 US



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3171834 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

BORLING, MICHAEL R
 1025 MEADOWLARK LANE
 MERRITT ISLAND, FL 32953

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

1000000405177
 02/07/06-80029-022 150.00

10. OFFICERS AND DIRECTORS

TITLE: D
 NAME: BORLING, MICHAEL R
 STREET ADDRESS: 1025 MEADOWLARK LANE
 CITY-ST-ZIP: MERRITT ISLAND, FL 32953

TITLE: D
 NAME: MILLIGAN, GEORGE H
 STREET ADDRESS: 23 INTERLAKEN ROAD
 CITY-ST-ZIP: ORLANDO, FL 32804

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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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:  1-14-06 4074215378
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #