


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90420 045 ***150.00

DOCUMENT # K13481
 1. Entity Name
CHANARAL RESOURCES INC.



Principal Place of Business Mailing Address
114 W.MAGNOLIA ST. **114 W.MAGNOLIA ST.**
SUITE 400-PMB102 **SUITE 400-PMB102**
BELLINGHAM, WA 98225 **BELLINGHAM, WA 98225**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

900000



04262007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0032447 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVIER, JAN		NAME		
STREET ADDRESS	114 W. MAGNOLIA ST., STE. 400-102		STREET ADDRESS		
CITY-ST-ZIP	BELLINGHAM, WA 98225		CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, DAVID		NAME		
STREET ADDRESS	114 W. MAGNOLIA ST., STE. 400-102		STREET ADDRESS		
CITY-ST-ZIP	BELLINGHAM, WA 98225		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCRAE, OWEN		NAME		
STREET ADDRESS	114 W. MAGNOLIA ST., STE. 400-102		STREET ADDRESS		
CITY-ST-ZIP	BELLINGHAM, WA 98225		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVIER, CHANELLE		NAME		
STREET ADDRESS	114 W.MAGNOLIA ST., STE. 400-102		STREET ADDRESS		
CITY-ST-ZIP	BELLINGHAM, WA 98225		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: JAN OLIVIER Pres. Date: April 28/07 Daytime Phone #: 604 691 1762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR