2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2006 08:00 AN Secretary of State

1. Entity Nam CHATCO	COMMUNICATIONS, INC.			Secretary of Sta	ite
3872 STABL SARASOTA,		Mailing Address 3872 STABLE LANE SARASOTA, FL 34235 US		T TO DATE STATE ON THE LIBES HAVE DEFINE HER BUILD REAL STATE DATES ALL HAVE A FIRST	
C	OO NOT WRITE 6. Name and Address of Current Re		CE	03012006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-0997388 Not Applied 5. Certificate of Status Desired □ \$8.75 Additional Fee Required	
				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 Signature: typed or printed name of registered agent and tale if applicable (FOTE Registered Agent signature required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees					
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ITLE NAME NAME	PD CHATTAWAY, J S 3872 STABLE LANE SARASOTA, FL 34235 STD CHATTAWAY, PATRICIA G. 3872 STABLE LANE SARASOTA, FL 34235	RECTORS		U00000510641 04/29/06-80014-024 150.00	
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP	portify that the effectation East of the	in Ellan door and Title and		od in Chamber 219 Florida Children Links	
12. I hereby certify that the information supplied with this filling 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date					
	SIGNATURE AND TYPED OR PRI	ITED NAME OF SIGNING OFFICER OR DIREC	TOR	Date Daytime Phone #	•