

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 528731

Entity Name: CHAFFBRACK, INC.

FILED  
Feb 23, 2006  
Secretary of State

## Current Principal Place of Business:

100 RIALTO PLACE  
SUITE 815  
MELBOURNE, FL 32901 US

## Current Mailing Address:

P.O. BOX 1160  
MELBOURNE, FL 32901 US

## New Principal Place of Business:

2066 14TH AVE.  
SUITE 101  
VERO BEACH, FL 32960 US

## New Mailing Address:

100 RIALTO PLACE  
SUITE 800  
MELBOURNE, FL 32901 US

FEI Number: 59-1724334

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRACKETT, ROBERT A  
2066 14TH AVE.  
SUITE 101  
VERO BEACH, FL 32960 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BRACKETT, ROBERT L  
Address: 2066 14TH AVE.  
City-St-Zip: VERO BEACH, FL 32960

Title: D ( ) Delete  
Name: CHAFFIOT, ROBERT  
Address: 8 RIVER RIDGE DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Delete  
Name: HANENBURG, DONALD T  
Address: 100 RIALTO PLACE, SUITE 815  
City-St-Zip: MELBOURNE, FL 32901

Title: SD ( ) Delete  
Name: BRACKETT, ROBERT A  
Address: 2066 14TH AVENUE  
City-St-Zip: VERO BEACH, FL 32960

Title: TD ( ) Delete  
Name: CHAFFIOT, MARK  
Address: 1802 S FISKE BLVD., STE. 101  
City-St-Zip: ROCKLEDGE, FL 32955

Title: P (X) Delete  
Name: TEMPLE, ROBB  
Address: 100 RIALTO PLACE, SUITE 815  
City-St-Zip: MELBOURNE, FL 32901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. BRACKETT

S

02/23/2006

Electronic Signature of Signing Officer or Director

Date