
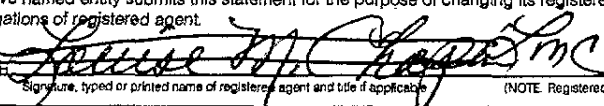
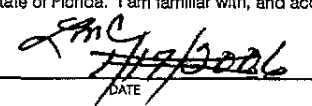
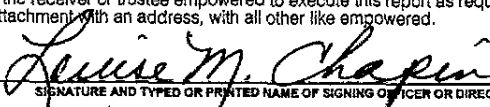


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # 587324		
1. Entity Name CHAPIN REALTY, INC.		
Principal Place of Business 16621US 301 SO. #110 WIMAUMA, FL 33598	Mailing Address P.O.BOX 5435 SUNCITY CENTER, FL 33571	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CHAPIN, LOUISE M. 16621 US 301 SO. #110 WIMAUMA, FL		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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAPIN, LOUISE M. 16621 US 301 STE. 110 WIMAUMA, FL 33598	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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:  LOUISE M. CHAPIN		1/17/06 813 634 1661 Date Daytime Phone #



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2076579	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

UN00000395481
01/26/06-80053-004 150.00

**DO NOT WRITE
IN THIS SPACE**