


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 23, 2006 8:00 am**  
**Secretary of State**

05-23-2006 90010 016 \*\*\*150.00

**DOCUMENT # 606223**

1. Entity Name  
**CHISHOLM & CO.**



Principal Place of Business  
**C/O JAMES H. CHISHOLM**  
**4 CALEDONIA CRESCENT, P.O. BOX 111**  
**KINGSTON 5, JAMAICA, W.I.,**

Mailing Address  
**C/O JAMES H. CHISHOLM**  
**4 CALEDONIA CRESCENT, P.O. BOX 111**  
**KINGSTON 5, JAMAICA, W.I.,**

**40094035**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**C/O JAMES H. CHISHOLM**  
 Suite, Apt. #, etc.  
**P.O. BOX 457**  
 City & State  
**KINGSTON 6,**  
 Zip  
**JAMAICA W.I.**

04192006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1888821**

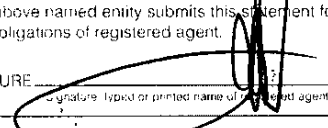
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CHISHOLM, JAMES H.**  
**4333 NW 88TH TERRACE**  
**CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent  
 Name **CHISHOLM, JAMES H.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5631 HAYES STREET**  
 City **HOLLYWOOD** FL Zip Code **33021**

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  (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

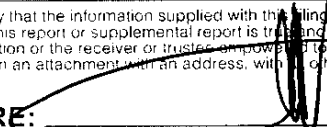
DATE **8TH MAY 2006**

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHISHOLM, JAMES H. 4 CALEDONIA CRESCENT KINGSTON 5 JAMAICA. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHISHOLM, MARCIA A 5 BEVERLY DRIVE KINGSTON, JAMAICA. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHISHOLM, JUNE A. 5 BEVERLY DRIVE KINGSTON, JAMAICA. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHISHOLM, JACQUELINE E. 5 BEVERLY DRIVE KINGSTON 6 JAMAICA. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:  (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date **8TH MAY 2006** Daytime Phone # **(876) 929 8758**

**JAMES H. CHISHOLM**