2008 NOT-FOR-PROFIT CORPORATION

FILED Mar 31, 2008 8:00 am Secretary of State

ANNUAL REPORT	
DOCUMENT # 720075	THE

1. Entity Nam CHATEAL	e	# 729975 INE, INC.					03	3-31-2008 90	0013 022	****61.:	25
Principal Place 3030 BINNA NAPLES, FL	CLE DRIVE	•		odress NNACLE DRIVE FL 34103							
2. Principal P	lace of Busine	ess - No P.O. Box #	3. Mailing	Address							
Suite, Apt. #, etc. Su			Suite,	Suite, Apt. #, etc.			01082008 C	hg-NP	CR2E037	7 (12/06)	
City & State		City &	City & State			4. FEI Number 59-16419(09	•	_ 	oplied For	
Zip		Country	Zip		Count	у	5. Certificate of S	tatus Desired		8.75 Add	
	6. Name	and Address of Current	Registered A	gent			7. Name and Add	dress of New Re	egistered A	gent	
TDADACC	O 111.1	•				Name		•			
TRAPASS 3030 BINN NAPLES, I	IACLE DRI	IVE				Street Address	(P.O. Box Number is	Not Acceptable)		
					-						
						City			FL	Zip Cod	e
	named entity ions of registe	v submits this statement for ered agent.	or the purpose	of changing its	registered	office or registe	ered agent, or both, in	the State of Flo	rida. I am fe	amiliar with,	and accept
SIGNATURE.	Signature, typed o	or printed name of registered agent	and title if applicab	la (NOTE	: Registered A	pent signature require	d when reinstating)		DATE		
								· · · · · · · · · · · · · · · · · · ·			
	_	e is \$61.25 lay 1, 2008		9. Election Carr Trust Fund C			\$5.00 May Be Added to Fees	1	ake check da Departi		
10.	Due by M			Trust Fund C			ADDITIONS/CHANG	Flori	da Departi	ment of S	tate
TETLE	Due by M	OFFICERS AND DI			11.	· □	ADDITIONS/CHANG	Flori GES TO OFFICER	da Departi	ment of S	tate
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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 617, 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:人 SURATED MED DIEDOR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR