## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000003680

Entity Name: CH FLORIDA, INC.

FILED Apr 26, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4776 NEW BROAD STREET SUITE 250 ORLANDO, FL 32814 **Current Mailing Address: New Mailing Address:** 15326 ALTON PARKWAY **IRVINE, CA 92618** FEI Number: 73-1655648 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition GODWIN, ROBERT H Name: Name: 4776 NEW BROAD STREET, SUITE 250 Address: Address: City-St-Zip: ORLANDO, FL 32814 City-St-Zip: **VPS** Title: Title: () Delete () Change () Addition Name: MELOON MELISSA Name: 4776 NEW BROAD STREET, SUITE 250 Address: Address: City-St-Zip: WINTER PARK, FL 32814 City-St-Zip: ( ) Delete Title: Title: AS () Change () Addition HALVORSEN, CLAY A Name: Name: 15326 ALTON PARKWAY Address: Address: City-St-Zip: IRVINE, CA 92618 City-St-Zip: Title: ASD () Delete Title: () Change () Addition SCARBOROUGH, STEPHEN J Name: Name: Address: 15326 ALTON PARKWAY Address: City-St-Zip: **IRVINE, CA 92618** City-St-Zip: Title: ATD Title: ( ) Delete () Change () Addition PARNES, ANDREW H Name: Name: 15326 ALTON PARKWAY Address: Address: City-St-Zip: IRVINE, CA 92618 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition Name: Name: TAYLOR, RANDALL D 4776 NEW BROAD STREET, SUITE 250 Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32814

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: CLAY A HALVORSEN AS 04/26/2006