

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F02000003680

FILED
Aug 13, 2007
Secretary of State**Entity Name:** CH FLORIDA, INC.**Current Principal Place of Business:**4776 NEW BROAD STREET
SUITE 250
ORLANDO, FL 32814**New Principal Place of Business:****Current Mailing Address:**15326 ALTON PARKWAY
IRVINE, CA 92618**New Mailing Address:****FEI Number:** 73-1655648**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: GODWIN, ROBERT H
Address: 4776 NEW BROAD STREET, SUITE 250
City-St-Zip: ORLANDO, FL 32814

Title: VPS () Delete
Name: MELOON, MELISSA
Address: 4776 NEW BROAD STREET, SUITE 250
City-St-Zip: WINTER PARK, FL 32814

Title: AS () Delete
Name: HALVORSEN, CLAY A
Address: 15326 ALTON PARKWAY
City-St-Zip: IRVINE, CA 92618

Title: ASD () Delete
Name: SCARBOROUGH, STEPHEN J
Address: 15326 ALTON PARKWAY
City-St-Zip: IRVINE, CA 92618

Title: ATD () Delete
Name: PARNES, ANDREW H
Address: 15326 ALTON PARKWAY
City-St-Zip: IRVINE, CA 92618

Title: V () Delete
Name: TAYLOR, RANDALL D
Address: 4776 NEW BROAD STREET, SUITE 250
City-St-Zip: ORLANDO, FL 32814

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: V (X) Change () Addition
Name: NAUGLE, GREGORY M
Address: 4776 NEW BROAD STREET, SUITE 250
City-St-Zip: ORLANDO, FL 32814

I hereby certify that the information supplied with this filing does not qualify 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

08/13/2007

Electronic Signature of Signing Officer or Director

Date