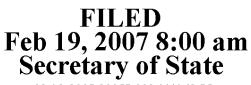
2007 FOR PROFIT CORPORATION ANNUAL REPORT



| DOCUMENT # F0200004611 1. Entity Name CHEROKEE CHAINLIN & CONSTRUCTION INC. | | | | | 02-19-20 | 007 90057 002 ** | *163.75 |
|--|---|--|--|------------------------------------|----------------------------------|----------------------------|-----------------------------|
| Principal Place of Business 34345 STOWE RD HEMET, CA 92545 | US | | | | II FAIR PAIN BY IR BURN IRAN III | | |
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 02012007 | Chg-P | CR2E034 (12/06) | |
| City & State | City & State | | | 4. FEI Number 33-0775 | 763 | | oplied For ot Applicable |
| Zip Country | Zip | Country | | 5. Certificate of | Status Desired | \$8.75 Add Fee Require | |
| 6. Name and Address of Curre | nt Registered Agent | Nam | - | 7. Name and A | ddress of New R | legistered Agent | |
| COOPER, LISA 707 MULLET DR #108 PORT CANAVERAL, FL 32920 | | | Street Address (P.C. Box Number is Not Acceptable) | | | | |
| | | | City FL Zip Code | | | | |
| The above named entity submits this statement the obligations of registered agent. | t for the purpose of changing its | registered offic | e or register | ed agent, or both, | in the State of Flo | orida. I am familiar with, | and accept |
| SIGNATURESignature, typed or printed hame of registered ag | ent and title if applicable (NOTE | Registerea Agent s | gnature recuired | when reinstating) | ············· | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$55 | 9. Election Campaig 0.00 Trust Fund Contr | | | .00 May Be ed to Fees | | | |
| | ND DIRECTORS | 11. | | ADDITIONS/C | HANGES TO OFF | ICERS AND DIRECTOR | S IN 11 |
| TITLE P NAME BREWER, JOHN STREET ADDRESS CITY-ST-ZIP MENIFEE, CA 92584 | □ Delete | TITLE NAME STREET ADDRI CITY-ST-ZIP | SS 343 | WER, JOHN 45 STOWE ET, CA 92 | RD | ⊠ Change | ☐ Addition |
| TITLE S NAME BREWER, KARLA STREET ADDRESS CITY-ST-ZIP MENIFEE, CA 92584 | ☐ Delete | TITLE NAME STREET ADDRE CITY-ST-ZIP | S BRE 343 | WER, KARL 45 STOWE | A RD | ∑ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRE CITY-S1-ZIP | 27.29.9 | ET, CA 92 | 545 | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRE CITY-S1-ZE | ess | | | □ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE HAME STREET ADDRE CITY-ST-ZIP | SSS | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied vindicated on this report or supplemental repo | Delete | TITLE NAME STREET ADDRE CITY-ST-ZIP | | d in Charter 112 | Florido Stouder | ☐ Change | ☐ Addition |

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.

Daytime Phone #