


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000004118 1. Entity Name C H SOLUTIONS, INC.	
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Principal Place of Business 3780 I-55 NORTH JACKSON, MS 39211	Mailing Address P.O. BOX 188 JACKSON, MS 39205-0188
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03162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1391658	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**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

U000000475667
04/05/06-80025-014 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC VANCE, CURTIS LARRY 3780 I-55 NORTH JACKSON, MS 39211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATHISON, WILLIAM H 3780 I-55 NORTH JACKSON, MS 39211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWNING, JON L 3780 I-55 NORTH JACKSON, MS 39211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDGE, MICHAEL W 3780 I-55 NORTH JACKSON, MS 39211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE, DIANE L 3780 I-55 NORTH JACKSON, MS 39211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MYRICK, RONALD W 3780 I-55 NORTH JACKSON, MS 39211

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: Jon L. Browning 601-718-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #