

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90006 019 ***150.00

DOCUMENT # F24720
 1. Entity Name
 CHEROSA, INC.



Principal Place of Business
 C/O CHASE ENTERPRISES
 225 ASYLUM ST, 29TH FLR
 HARTFORD, CT 06103-1538

Mailing Address
 C/O CHASE ENTERPRISES
 225 ASYLUM ST, 29TH FLR
 HARTFORD, CT 06103-1538

4012733Z



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address ATT: K. TIERNEY
 c/o Chase Enterprises
 Suite, Apt. #, etc.
 225 Asylum St., 29th Fl.

07242007 Chg-P CR2E034 (12/06)

City & State
 Hartford, CT

4. FEI Number
 06-1041568

Applied For
 Not Applicable

Zip
 06103-1538

Country
 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DR
 STE 4
 WESTON, FL 33331

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSD CHASE, CHERYL A. 225 ASYLUM ST, 29TH FLR HARTFORD, CT 061031538	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHASE, ARNOLD L. 225 ASYLUM ST, 29TH FLR HARTFORD, CT 061031538	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Cheryl A. Chase, GVP 7/24/07 860-549-1674
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #