


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90230 009 ***150.00

DOCUMENT # F35270 1. Entity Name CHAMAN CORPORATION			
Principal Place of Business 1243 MAIN ST STE 2 P.O. BOX 791 CHIPLEY, FL 32428 US		Mailing Address 1234 MAIN ST STE 2 P.O. BOX 791 CHIPLEY, FL 32428 US	
2. Principal Place of Business 1656 Brickyard Rd Suite, Apt. #, etc.		3. Mailing Address PO Box 791 Suite, Apt. #, etc.	
City & State Chipley FL		City & State Chipley FL	
Zip 32428	Country USA	Zip 32428	Country USA
4. FEI Number 59-2129007		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZAFAR, MUHAMMAD I 4243 MAIN STREET STE 2 P.O. BOX 791 CHIPLEY, FL 32428		7. Name and Address of New Registered Agent Name ZAFAR, Muhammad I Street Address (P.O. Box Number is Not Acceptable) 3944 Solano Rd City Chipley Panama City FL Zip Code 32405	
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 Muhammad I. Zafar DATE 4-30-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MUHAMMAD, IDREES MD 112 SW BELLAIRE LANE PALMBAY, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ZAFAR, MUHAMMAD I 1243 MAIN STREET STE 2 CHIPLEY, FL <input type="checkbox"/> Delete	PD Muhammad I Zafar 3944 Solano Rd PANAMA City FL 32405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST CARTER, ALICE 1243 MAIN STREET, STE 2 CHIPLEY, FL 32428 <input type="checkbox"/> Delete	DST Alice Carter 231 Mayhew Lane Chipley FL 32428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: Alice Carter DST Alice Carter DST		Date 4/10/06 Daytime Phone # 850 260 5182	