2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F84300

Entity Name: CHINELLY REAL ESTATE INC.

FILED May 06, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

C/O JIM CHINELLY C/O JIM CHINELLY

7869 PINES BLVD 5400 SOUTH UNIVERSITY DRIVE #604

PEMBROKE PINES, FL 33024 DAVIE, FL 33328

New Mailing Address: Current Mailing Address:

C/O JIM CHINELLY C/O JIM CHINELLY

7869 PINES BLVD 5400 SOUTH UNIVERSITY DRIVE #604 PEMBROKE PINES, FL 33024

DAVIE, FL 3333328

FEI Number: 59-2194630 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHINELLY, JAMES A., SR. CHINELLY, JAMES A., SR. 7869 HOLLYWOOD BLVD 4232 SW 78 DRIVE PEMBROKE PINES, FL 33024 US DAVIE, FL 33328

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: 05/06/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete () Change () Addition

CHINELLY, JAMES A SR Name: Name: 4232 SW 78 DR Address: Address: City-St-Zip: **DAVIE, FL 33328** City-St-Zip:

Title: Title: () Change () Addition () Delete

NOAWK, ANDREW II Name: Name: 4932 SW 11 PL Address: Address: MARGATE, FL 33068 City-St-Zip: City-St-Zip:

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: JAMES A CHINELLY SR PS 05/06/2007