


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90205 028 ***150.00

DOCUMENT # F97000005546	
1. Entity Name CHESTERFIELD PARK CORPORATION	

Principal Place of Business 601 N CONGRESS AVE SUITE 305 DELRAY BEACH FL 33445	Mailing Address 601 N CONGRESS AVE SUITE 305 DELRAY BEACH FL 33445
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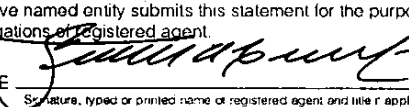
2. Principal Place of Business - No P.O. Box # 9051 Florida Mining Blvd.	3. Mailing Address 9051 Florida Mining Blvd.
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Tampa, FL	City & State Tampa, FL
Zip 33634	Country U.S.



1st MOORE CR2E034 (10/06)

4. FEI Number 59-2695889		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 CRACCHIOLO, JOHN E 601 N CONGRESS AVE SUITE 305 DELRAY BEACH FL 33445		7. Name and Address of New Registered Agent Name James M. Cracchiolo Street Address (P.O. Box Number is Not Acceptable) 9051 Florida Mining Blvd., Suite 100 City Tampa FL FL Zip Code 33634

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.

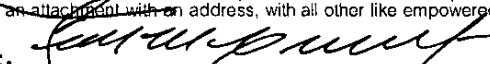
SIGNATURE  DATE **4-9-07**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CRACCHIOLO, JAMES M 601 N CONGRESS AVE SUITE 305 DELRAY BEACH FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD James M. Cracchiolo 9051 Florida Mining Blvd. Ste. 100 Tampa, FL 33634 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CRACCHIOLO, SAM A JR 601 N CONGRESS AVE SUITE 305 DELRAY BEACH FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Sam A. Cracchiolo, Jr. 2900 N. Military Trail, Ste. 200 Delray Beach, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD CRACCHIOLO, JOHN E 601 N CONGRESS AVE SUITE 305 DELRAY BEACH FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD John E. Cracchiolo 2900 N. Military Trail, Suite 200 Delray Beach, FL 33431 <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
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 Section 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:  DATE **4-9-07** DAYTIME PHONE # **813-889-8355**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR