


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # F97000006508</b><br>1. Entity Name<br><b>CHANDELLE VENTURES INC.</b> |  |
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| Principal Place of Business<br><b>24311 WALDEN CENTER DRIVE<br/>BONITA SPRINGS, FL 34134</b> | Mailing Address<br><b>24311 WALDEN CENTER DRIVE<br/>BONITA SPRINGS, FL 34134</b> |
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**DO NOT WRITE IN THIS SPACE**



01252006 No Chg-P CR2E034 (11/05)

|  |   |
|--|---|
| 4. FEI Number<br><b>13-3649702</b>                                   | Applied For<br>Not Applicable             |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><b>ACKERMAN, DON E<br/>24311 WALDEN CENTER DRIVE<br/>BONITA SPRINGS, FL 34134</b> |
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**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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|---|------------|

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PVST<br>ACKERMAN, DON E<br>24311 WALDEN CENTER DRIVE<br>BONITA SPRINGS, FL 34134        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | AS<br>ACKERMAN, MICHAEL<br>15 CHERRY HILLS PARK DRIVE<br>CHERRY HILLS VILLAGE, CO 80113 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>ACKERMAN, DON E<br>24311 WALDEN CENTER DRIVE<br>BONITA SPRINGS, FL 34134           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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000000423819  
02/18/06-80023-015 158.75

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:  1/31/06 (239) 949-5160 | Date<br>Daytime Phone # |
| Don E. Ackerman President  |                         |