

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000006508</b>	
1. Entity Name <b>CHANDELLE VENTURES INC.</b>	
Principal Place of Business <b>24311 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134</b>	Mailing Address <b>24311 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134</b>



02082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

**ACKERMAN, DON E  
24311 WALDEN CENTER DRIVE  
BONITA SPRINGS, FL 34134**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U00000843163  
03/11/08-80059-013 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST ACKERMAN, DON E 24311 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS ACKERMAN, MICHAEL 15 CHERRY HILLS PARK DRIVE CHERRY HILLS VILLAGE, CO 80113</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ACKERMAN, DON E 24311 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Don E. Ackerman**

Date

Daytime Phone #

**2/25/08 (239) 949-5160**