

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006508

FILED
Feb 17, 2009
Secretary of State

Entity Name: CHANDELLE VENTURES INC.

Current Principal Place of Business:

24311 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134

New Principal Place of Business:

24311 WALDEN CENTER DRIVE
SUITE 300
BONITA SPRINGS, FL 34134

Current Mailing Address:

24311 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134

New Mailing Address:

24311 WALDEN CENTER DRIVE
SUITE 300
BONITA SPRINGS, FL 34134

FEI Number: 13-3649702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ACKERMAN, DON E
24311 WALDEN CENTER DRIVE
SUITE 300
BONITA SPRINGS, FL 34134 US

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:

02/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: ACKERMAN, DON E
Address: 24311 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: AS () Delete
Name: ACKERMAN, MICHAEL
Address: 15 CHERRY HILLS PARK DRIVE
City-St-Zip: CHERRY HILLS VILLAGE, CO 80113

Title: D () Delete
Name: ACKERMAN, DON E
Address: 24311 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: ACKERMAN, DON E
Address: 24311 WALDEN CENTER DRIVE, SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ACKERMAN, DON E
Address: 24311 WALDEN CENTER DRIVE, SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134

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: DON E. ACKERMAN

PRES

02/17/2009

Electronic Signature of Signing Officer or Director

Date