2005 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # K47409

CHILTINGTON INTERNATIONAL INC.

Principal Place of Business

3203 LAWTON RD.

SUITE 201

ORLANDO, FL 32803

Mailing Address

3203 LAWTON RD.

SUITE 201

ORLANDO, FL 32803

FILED Jan 14, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01052005 CR2E034 (10/03) No Chg-P

4. FEI Number		Applied For
59-2917669		Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

6. Name and Address of Current Registered Agent

HUTCHINSON, KENNETH A 3203 LAWTON ROAD SUITE 201 ORLANDO, FL 32803_

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						
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	olng 🗆	\$5.00 May Be Added to Fees		
10.	- OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP DONALD WUSTROW 100 COMMONS WAY SUITE 210 HOLMDEL, NJ 07733				U00000181020	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEYER, ALAN J 3203 LAWTON ROAD STE 201 ORLANDO, FL 32803				01/14/05-80030-013 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUTCHINSON, KENNETH A 3203 LAWTON ROAD, SUITE 201 ORLANDO, FL 32803			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.						