


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90016 001 ***550.00

DOCUMENT # L79582		
1. Entity Name THE CHASE GROUP INC.		

Principal Place of Business 824 EEL AVE NEW SMYRNA BEACH, FL 32169 US	Mailing Address 8824 EEL AVE NEW SMYRNA BEACH, FL 32169 US
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50064800



2. Principal Place of Business 3401 S. Atlantic Ave	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07012005 Chg-P CR2E034 (10/03)

City & State New Smyrna Beach	City & State
Zip 32169	Country Volusia

4. FEI Number 59-3015495	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BREINER, CHARLES F. 824 EEL AVE NEW SMYRNA-BCH, FL 32169	
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7. Name and Address of New Registered Agent	
Name Anna Caulfield	
Street Address (P.O. Box Number is Not Acceptable) 182 Hibiscus Rd	
City Edgewater	FL Zip Code 32141

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 Anna B. Caulfield	DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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	
TITLE PC	<input checked="" type="checkbox"/> Delete
NAME BREINER, CHARLES F.	
STREET ADDRESS 824 EEL AVENUE	
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169	
TITLE ST	<input type="checkbox"/> Delete
NAME CAUFIELD, ANNA B.	
STREET ADDRESS 631 WOODBRIDGE DRIVE	
CITY-ST-ZIP MELBOURNE, FL 32940	
TITLE VAS	<input type="checkbox"/> Delete
NAME BREINER, NANCY W.	
STREET ADDRESS 824 EEL AVENUE	
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169	
TITLE V	<input type="checkbox"/> Delete
NAME WALKER, MARY L.	
STREET ADDRESS 400 W. SUMMERON LANE	
CITY-ST-ZIP ORLANDO, FL 328392956	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Caulfield, Anna B. (misspelled)	
STREET ADDRESS 182 Hibiscus Rd	
CITY-ST-ZIP Edgewater FL 32141	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 192 Hibiscus Rd	
CITY-ST-ZIP Edgewater FL 32141	
TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: Anna B. Caulfield	Date 8/31/05	Daytime Phone # 386 423 8787
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