2008 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Jan 25, 2008 08:00 AM **Secretary of State DOCUMENT # M75843** CHUCK ROBERTS ENTERPRISES, INC. Mailing Address Principal Place of Business 43429 BEAR LAKE BLVD. 1197 WALTERS RIDGE ROAD DELAND, FL 32720 US IRVINE, KY 40336 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied Fo 4. FEI Number 59-2868329 Not Applic \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHEPHARD, KENTON DO NOT WRITE 205 N. WOODLAND BLVD. DELAND, FL 32724 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. ** the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD NAME ROBERTS, CHARLES U00000798733 01/29/08-80045-006 150.00 STREET ADDRESS 43429 BEAR LAKE BLVD. CITY-ST-ZIP DELAND, FL 32720 TITLE MONTELEONE, DIANE NAME STREET ADDRESS 43429 BEAR LAKE BLVD CITY-ST-ZIP DELAND, FL 32720 NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS

FILED

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 informational 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 directly 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 changed, or on an attachment with an address, with all other like empowered.