

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005434

FILED
Apr 11, 2009
Secretary of State

Entity Name: C.H.D.E., INC.

Current Principal Place of Business:

2124 AIRPORT PULLING RD SUITE D-113
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

2124 AIRPORT PULLING RD SUITE D-113
NAPLES, FL 34112

New Mailing Address:

FEI Number: 56-2665631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MERCURE, WEBERT
3210 BERMUDA ISLE #1232
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

AMONSEUL, OCTAVIUS S OWNER
2124 AIRPORT PULLING SUITE D-113
SUITE D-113
NAPLES, FL 3112 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: AMONSEUL OCTAVIUS

04/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OCTAVIUS, AMONSEUL
Address: PO BOX 7701
City-St-Zip: NAPLES, FL 34101

Title: S () Delete
Name: MERCURE, WEBERT
Address: 3210 BERMUDA ISLE #1232
City-St-Zip: NAPLES, FL 34109

Title: T () Delete
Name: ROUSSEAU, KARL
Address: 4539 25TH CT SW
City-St-Zip: NAPLES, FL 34116

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: OCTAVIUS, AMONSEUL
Address: 3325 AIRPORT PULLING RD APT Q-7
City-St-Zip: NAPLES, FL 34105

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

Title: V (X) Change () Addition
Name: WALLES, BEAUBRUN
Address: 2124 AIRPORT PULLING RD SUITE D-113
City-St-Zip: NAPLES, FL 34112

Title: T () Change (X) Addition
Name: YRVANA, OCTAVIUS
Address: 3325 AIRPORT PULLING RD APT Q-7
City-St-Zip: NAPLES, FL 34105

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIRECTOR/ AMONSEUL OCTAVIUS

DR

04/11/2009

Electronic Signature of Signing Officer or Director

Date