

**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90028 027 \*\*\*\*61.25

<b>DOCUMENT #</b> <span style="font-size: 1.2em;">N40252</span>			
<b>1. Entity Name</b> AWESOME CHASTISERS PROGRESSIVE PE. INC.			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b> GOULDS, FL: 33170 ST.		<b>3. Mailing Address</b> GOULDS, FL: 33170 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-048-4322</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of Current Registered Agent</b>			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
FL Zip Code			
<b>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.</b> Lydia E. Walker 10851 S.W. 222nd St Goulds, FL 33170 SIGNATURE: <i>Lydia E. Walker</i>			
(NOTE: Registered Agent signature required when reinstating)			
<b>FEE IS \$61.25</b> Initial or Amended AR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYDIA E. WALKER 10851 S.W. 222ND ST. GOULDS, FL. 33170	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARTHUR W, CARTER 1199 N. 49 ST MIAMI, FL. 33127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAM EVANS 13730 JACKSON ST. MIAMI, FL. 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRE DEBOSE 821 N.W. 67 AVE. PLANTATION, FL. 33117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>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 reports 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, without other like empowered.</b> SIGNATURE: <i>Lydia E. Walker</i>			
<b>4/25/2007 (305) 255 7782</b>		Date Daytime Phone #	