


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90240 031 ****61.25

DOCUMENT # N94000002287	
1. Entity Name CHAF I, INC.	

Principal Place of Business 2164-15 CIRCLE NORTH ST PETERSBURG FL 33713 US	Mailing Address 2164-15 CIRCLE NORTH ST PETERSBURG FL 33713 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent VALLARIO, D. ALLEN 2164-15 CIRCLE NORTH SAINT PETERSBURG FL 33713	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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.

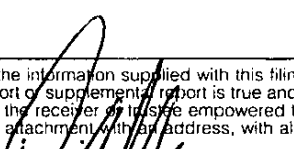
SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting)

DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP POWER, LEONA 170 FOREST AVENUE LEXINGTON KY 40508	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VP POWER, LEONA 170 FOREST AVENUE LEXINGTON KY 40508	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP P VALLARIO, D. ALLEN 2164 15TH CIRCLE NORTH SAINT PETERSBURG FL 33713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P VALLARIO, D. ALLEN 2164 15TH CIRCLE NORTH SAINT PETERSBURG FL 33713	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ST SMITH, FRED 3451 30TH AVE. N SAINT PETERSBURG FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ST SMITH, FRED 3451 30TH AVE. N SAINT PETERSBURG FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D RODRIQUEZ, IDALMIS 3859 SHORE ACRES BLVD. NE SAINT PETERSBURG FL 33703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D RODRIQUEZ, IDALMIS 3859 SHORE ACRES BLVD. NE SAINT PETERSBURG FL 33703	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP !	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D DOWDA SMITH 3451-30 AVE. N. ST. PETERSBURG, FL 33713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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:  **D. ALLEN VALLARIO President**

4/18/06