


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90196 048 ***150.00

DOCUMENT # P01000013033 1. Entity Name CHURCHFIELD HOLDINGS, INC.					
Principal Place of Business 409 W HALLANDALE BEACH BLVD. SUITE 415 HALLANDALE, FL 33009			Mailing Address 409 W HALLANDALE BEACH BLVD. SUITE 415 HALLANDALE, FL 33009		
2. Principal Place of Business 409 W HALLANDALE BEACH BLVD Suite, Apt. #, etc. SUITE 423 City & State HALLANDALE FL 33009 Zip Country		3. Mailing Address 409 W HALLANDALE BEACH BLVD Suite, Apt. #, etc. SUITE 423 City & State HALLANDALE, FL Zip Country 33009		<div style="font-size: 1.2em; font-weight: bold;">40063461</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 04212006 Chg-P CR2E034 (11/05) </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>4. FEI Number 65-1072448</div> <div>Applied For Not Applicable</div> </div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div>	
6. Name and Address of Current Registered Agent SMALL, JESSE 409 W HALLANDALE BEACH BLVD. SUITE 415 HALLANDALE, FL 33009				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMALL, JESSE 409 W HALLANDALE BEACH BLVD. SUITE 415 HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MESSINGER, DAVID 20770 WEST DIXIE HIGHWAY AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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	<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 Chapter 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/25/2006 Daytime Phone #: 954-458-2343		