
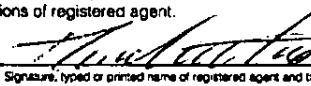



2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
03-22-2007 90008 034 ***150.00
FILED

07 MAR 29 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000015447					
1. Entity Name CHMIEL CORP.					
Principal Place of Business 3240 CR 1 DUNEDIN, FL 34698			Mailing Address 3240 CR1 DUNEDIN, FL 34698		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 37-1426382	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ADRASIEWICZ, MARIANNA C 3240 CR 1 DUNEDIN, FL 34698			Name CHMIEL MARIANNA		
			Street Address (P.O. Box Number is Not Acceptable)		
			3240 CR1		
			City DUNEDIN FL Zip Code 34698		
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 		CHMIEL MARIANNA		DATE 03-19-07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		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	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CTIMIEL, MARIANNA		NAME		
STREET ADDRESS	350 MOORINGS COVE DR #4D		STREET ADDRESS		
CITY - ST - ZIP	TARPON SPRINGS, FL 346892676		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CTIMIEL, ADAM M		NAME		
STREET ADDRESS	350 MOORINGS COVE DR		STREET ADDRESS		
CITY - ST - ZIP	TARPON SPRINGS, FL 346892676		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHMIEL MARIANNA		NAME		
STREET ADDRESS	350 MOORINGS COVE DR		STREET ADDRESS		
CITY - ST - ZIP	TARPON SPRINGS FL 34689		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHMIEL ADAM M		NAME		
STREET ADDRESS	350 MOORINGS COVE DR		STREET ADDRESS		
CITY - ST - ZIP	TARPON SPRINGS FL 34689		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 		MARIANNA CHMIEL		DATE 03-19-07 / 227 / 138 5392	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

Document corrected per Marianna Chmiel. PSC