


2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 APR 25 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PSL

DOCUMENT # P01000020001					
1. Entity Name SUMMER CHASE, INC.					
Principal Place of Business 2811-E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301			Mailing Address 2811-E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3704544	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WIENER, BRUCE I GARDNER, SHELFER, DUGGAR, BIST & WIENER PA 1300 THOMASWOOD DR TALLAHASSEE, FL 32312				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D GHAVINI, MEHRDAD 2811-E INDUSTRIAL PLAZA DR. TALLAHASSEE, FL 32301 <input checked="" 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	D ASBURY, THOMAS 3424 DORCHESTER CT. TALLAHASSEE, FL 32301 <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	D NELSON, TERRY 1437 VIEUX CARRE DR. TALLAHASSEE, FL 32308 <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	D GHAEUINI, HOSSEIN 2811 E INDUSTRIAL PL DR TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ghazvini, Hossein <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHAZUINI, MEHZAN 2811 E INDUSTRIAL PL DR TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ghazvini, Mehran <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHAZUINI, BERZAD 2811 E INDUSTRIAL PL DR TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ghazvini, Behzad <input checked="" 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: 4/24/07 Daytime Phone #: 514-1000		



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