2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000026467

Entity Name: CHAD FLORIDA PROPERTIES CORP.

FILED Apr 12, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

3850 TREE TOP DRIVE 14953 GOLDEN ISLE BLVD WESTON, FL 33332 ORLANDO, FL 32828

Current Mailing Address: New Mailing Address:

3850 TREE TOP DRIVE 14953 GOLDEN ISLE BLVD WESTON, FL 33332 ORLANDO, FL 32828

FEI Number: 68-1130494 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PARRA SILVA, JOSE A P
3850 TREE TOP DRIVE
WESTON, FL 33332 US
PARRA SILVA, JOSE A P
14953 GOLDEN ISLE BLVD
ORLANDO, FL 32828 US

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.

SIGNATURE: PARRA SILVA JOSE A. 04/12/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

P. () Delete Title: P. (X) Change () Addition PARRA SILVA, JOSE A P. Name: PARRA SILVA, JOSE A P.

 Name:
 PARRA SILVA, JOSE A P.
 Name:
 PARRA SILVA, JOSE A P.

 Address:
 3850 TREE TOP DRIVE
 Address:
 14953 GOLDEN ISLE BLVD

 City-St-Zip:
 WESTON, FL 33332
 City-St-Zip:
 ORLANDO, FL 32828

Title: Title: (X) Change () Addition () Delete Name: OCHOA VARGAS, RUTH E V. Name: OCHOA VARGAS, RUTH E V. 3850 TREE TOP DRIVE Address: 14953 GOLDEN ISLE BLVD Address: WESTON, FL 33332 ORLANDO, FL 32828 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PARRA SILVA JOSE A. P 04/12/2007