## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000075011

Entity Name: CHARDAN TECHNICAL SERVICES, INC.

FILED Jan 05, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Principal Place of Business:	New Fillicipal Flace of Business:

5 SHAMROCK DR 24 WALTER MARTIN RD NE STE 1 MARY ESTHER, FL 32569 FT WALTON BEACH, FL 32548

Current Mailing Address: New Mailing Address:

5 SHAMROCK DR 813 LAKE POINT DRIVE MARY ESTHER, FL 32569 PINEY FLATS, TN 37686

FEI Number: 59-3734805 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:

CASTELL, DANNY
5 SHAMROCK DR
MARY ESTHER, FL 32569 US

CASTELL, DANNY
24 WALTER MARTIN RD NE STE 1
FT WALTON BEACH, FL 32548 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: 01/05/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: D ( ) Delete Name: CASTELL, DANNY

Address: 5 SHAMROCK DR
City-St-Zip: MARY ESTHER, FL 32569

Title: D ( ) Delete
Name: CASTELL, CHAROLETTE

Address: 5 SHAMROCK DR

City-St-Zip: MARY ESTHER, FL 32569

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition

Name: CASTELL, DANNY
Address: 813 LAKE POINT DRIVE
City-St-Zip: PINEY FLATS, TN 37686

Title: P (X) Change () Addition

Name: CASTELL, CHAROLETTE
Address: 813 LAKE POINT DRIVE
City-St-Zip: PINEY FLATS, TN 37686

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: CHAROLETTE CASTELL P 01/05/2006