

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000097434

1. Entity Name
CHOWN PROPERTIES, INC.



Principal Place of Business
5415 ASHTON CT.
TALLAHASSEE, FL 32317

Mailing Address

5415 ASHTON CT.
TALLAHASSEE, FL 32317

2. Principal Place of Business - No P.O. Box #

2650 SE 7th Dr

3. Mailing Address

2650 SE 7th Dr.

Suite, Apt. #, etc.

Pompano Beach, FL

Suite, Apt. #, etc.

Pompano Beach, FL

City & State

City & State

Zip

33062

Zip

33062

Country

U.S.

Country

U.S.

6. Name and Address of Current Registered Agent

CHOWN, CRAIG L
5415 ASHTON CT.
TALLAHASSEE, FL 32317

Name

CHOWN, CRAIG

Street Address (P.O. Box Number is Not Acceptable)

2650 SE 7th Dr.

Pompano Beach, FL

City

FL

Zip Code

33062

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO
NAME CHOWN, CRAIG L
STREET ADDRESS 5415 ASHTON CT.
CITY-ST-ZIP TALLAHASSEE, FL 32317

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PCEO
CHOWN, CRAIG
2650 SE 7th Dr.
Pompano Beach, FL 33062

Change Addition

TITLE VP
NAME CHOWN, AMANDA
STREET ADDRESS 5415 ASHTON CT.
CITY-ST-ZIP TALLAHASSEE, FL 32317

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

09/11/07--01010--004
**423.75

Change Addition

TITLE VP
NAME CHOWN, ALLISON
STREET ADDRESS 5415 ASHTON CT.
CITY-ST-ZIP TALLAHASSEE, FL 32317

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
CHOWN, DIANE
2650 SE 7th Dr.
Pompano Beach, FL 33062

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

9/11/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #