2006 FOR PROFIT CORPORATION

Jan 23, 2006 8:00 am **Secretary of State ANNUAL REPORT** DOCUMENT # P03000004801 01-23-2006 90034 046 ***150.00 ERIK S. CHELBERG ENTERPRISES, INC. Principal Place of Business Mailing Address 389 RIVERVIEW LANE 389 RIVERVIEW LANE MELBOURNE BEACH, FL 32951 MELBOURNE BEACH, FL 32951 01192006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 03-0503611 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHELBERG, ERIK DO NOT WRITE 389 RIVERVIEW LANE MELBOURNE BEACH, FL 32951 IN THIS SPACE 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE NAME CHELBERG, ERIK \$ 389 RIVERVIEW LANE STREET ADDRESS MELBOURNE BEACH, FL 32951 CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

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 oth

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-7IP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ERIK CHELBERG

FILED