2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# P03000053864

Entity Name: CHELSEA LAUREL OAKS I, INC.

Current Principal Place of Business:

333 NORTH 1ST STREET, SUITE 105
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

7785 BAYMEADOWS WAY, SUITE 200
JACKSONVILLE, FL 32256

Current Mailing Address:

333 NORTH 1ST STREET, SUITE 105
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

7785 BAYMEADOWS WAY, SUITE 200
JACKSONVILLE, FL 32256

FEI Number: 36-4531401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONK, CHRISTOPHER
17512 SE CONCH BAR AVENUE
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CONK, EDWARD W
Address: 333 NORTH 1ST STREET, SUITE 105
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete
Name: CONK, JOELLYN
Address: 333 NORTH 1ST STREET, SUITE 105
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete
Name: CONK, CHRISTOPHER
Address: 333 NORTH 1ST STREET, SUITE 105
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CONK, EDWARD W
Address: 7785 BAYMEADOWS WAY, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change ( ) Addition
Name: CONK, JOELLYN
Address: 7785 BAYMEADOWS WAY, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change ( ) Addition
Name: CONK, CHRISTOPHER
Address: 7785 BAYMEADOWS WAY, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32256

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: EDWARD CONK PTR 04/26/2006

Electronic Signature of Signing Officer or Director Date