2008 FOR PROFIT CORPORATION

Apr 21, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000137723 04-21-2008 90040 040 ***150 00 CHESNEY REAL, ESTATE, INC. Principal Place of Business Mailing Address **XEXEKTYOLEROMIXEXOXXXX** 950 ROYAL PALMWAY, SUITE 409 PALM BEACH FIL 33480 XXXXXXXXXXXXXXXX 2. Principal Place of Business - No P.O. Box # 3. Mailing Address c/o Kent Huffman, Esq. c/o Kent Huffman, Esq Suite, Apt. #, etc. Suite, Apt. #, etc. 01222008 CR2E034 (12/06) Cha-P 515 N. Flagler Dr., #801 515 N. Flagler Dr., #801 City & State City & State 4. FEI Number Applied For West Palm Beach, FL West Palm Beach, FL 56-2420148 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33401 **USA** 33401 **USA** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kent Huffman, Esq. HUFFMAN, KENT ESQ. 515 North Flagler Drive 350 ROYAL PALM WAY SUITE 409 Suite 801 PALM BEACH, FL 33480 West Palm Beach, 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 Kent Huffman, Esquire January 28, 2008 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signalure required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE ☐ Delete Addition TITLE ☐ Change CHESNEY, JOHN G JR NAME NAME STREET ADDRESS 350 ROYAL PALM WAY SUITE 409 STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete nne ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ΠTLE ☐ Delete TITE F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 it 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 807, 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. JOHN CHESNEY, X

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