

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000140980	
1. Entity Name CHS TECH INCORPORATED	

Principal Place of Business 104 VILLA NUEVA PLACE PALM BEACH GARDENS FL 33418	Mailing Address 104 VILLA NUEVA PLACE PALM BEACH GARDENS FL 33418
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



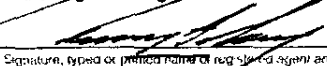
1st MOORE CR2E034 (10/05)

4. FEI Number 20-0438558	Applied For Not Applied
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SLEY, DWIGHT 104 VILLA NUEVA PLACE PALM BEACH GARDENS FL 33418	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

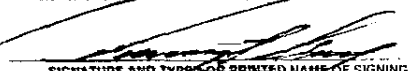
SIGNATURE  **DWIGHT SLEY (NOTE: NO CHANGES) MARCH 13, 2006**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD ☐ Delete	NAME SLEY, DWIGHT	TITLE ☐ Change ☐ Add	NAME
STREET ADDRESS 104 VILLA NUEVA PLACE	CITY-ST-ZIP PALM BEACH GARDENS FL 33418	U00000473244 03/31/06-80009-003 150.00	
TITLE VD ☐ Delete	NAME SLEY, KIM	TITLE ☐ Change ☐ Add	NAME
STREET ADDRESS 104 VILLA NUEVA PLACE	CITY-ST-ZIP PALM BEACH GARDENS FL 33418		
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Add	NAME
STREET ADDRESS	CITY-ST-ZIP		
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Add	NAME
STREET ADDRESS	CITY-ST-ZIP		
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Add	NAME
STREET ADDRESS	CITY-ST-ZIP		
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Add	NAME
STREET ADDRESS	CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **MARCH 13, 2006** **202-5767**
Signature and typed or printed name of signing officer or director Date (561)