

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Apr 01, 2005  
Secretary of State**

DOCUMENT# P04000056977

Entity Name: CHILLEMI ENTERPRISES INC.

**Current Principal Place of Business:**

6669 AUDUBON TRACE WEST  
WEST PALM BEACH, FL 33412

**New Principal Place of Business:**

**Current Mailing Address:**

6669 AUDUBON TRACE WEST  
WEST PALM BEACH, FL 33412

**New Mailing Address:**

FEI Number: 51-0502878      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

CHILLEMI, NICHOLAS  
7108 FAIRWAY DRIVE  
100  
PALM BEACH GARDENS, FL 33418 US

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: NICHOLAS CHILLEMI      04/01/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: CHILLEMI, NICHOLAS J SR.  
Address: 6669 AUDUBON TRACE WEST  
City-St-Zip: WEST PALM BEACH, FL 33412

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NICHOLAS CHILLEMI      PRES      04/01/2005  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date