


2007 FOR PROFIT CORPORATION ANNUAL REPORT (A)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90076 046 ***150.00

DOCUMENT # P04000058301			
1. Entity Name KONCHAN INC.			
Principal Place of Business 4530 S FLORIDA AVE INVERNESS FL 34450		Mailing Address 4530 S FLORIDA AVE INVERNESS FL 34450	
2. Principal Place of Business - No P.O. Box # 4530 S FLORIDA AVE		3. Mailing Address 4530 S FLORIDA AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State INVERNESS FL		City & State INVERNESS FL	
Zip 34450	Country CHRS	Zip 34450	Country CHRS
4. FEI Number 20-0963259		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KONCHAN, MATTHEW D 4530 S FLORIDA AVE INVERNESS FL 34450		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is not Acceptable) City FL Zip Code	
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 MATTHEW KONCHAN PRESIDENT <i>[Signature]</i> 3-14-07 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KONCHAN, MATTHEW D 4530 S FLORIDA AVE INVERNESS FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	KONCHAN, MATTHEW D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6110 E WINGATE ST. INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> MATTHEW KONCHAN		3-14-07 352 341-017	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	