

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000065454

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: CAREFREE CHIX INC

**Current Principal Place of Business:**

2599 WEST BAY ISLE DR SE  
ST PETERSBURG, FL 33705 US

**New Principal Place of Business:**

**Current Mailing Address:**

2599 WEST BAY ISLE DR SE  
ST PETERSBURG, FL 33705 US

**New Mailing Address:**

FEI Number: 20-1019975

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUCKLEY, JAMES M  
13602 2ND AVE NE  
BRADENTON, FL 34212 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: P ( ) Delete  
Name: CISLO, KIM  
Address: 2599 WEST BAY ISLE DR SE  
City-St-Zip: ST PETERSBURG, FL 33705 US

Title: VP ( ) Delete  
Name: HARGRETT, BONNIE  
Address: 1140 MONTEREY BLVD NE  
City-St-Zip: ST PETERSBURG, FL 33704 US

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

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

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 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: BONNIE R HARGRETT

VP

04/18/2006

Electronic Signature of Signing Officer or Director

Date