## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## OCUMENT # P04000099641

SIGNATURE: \_



FILED Apr 26, 2007 8:00 am Secretary of State

1. Entity Name CHS INVESTMENT PROPERTIES, INC.							04-26-2007	/ 90226 (	)23 * * * 130	J.00	
Principal Place	Mailing Address	ing Address			יבט	٠					
901 N. W. SECOND STREET DELRAY BEACH, FL 33444		901 N. W. SECOND STREET DELRAY BEACH, FL 33444			400		Brit Graft Albre marks		45140 Shife SIPS) as		
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			040720	07	Chg-P	CR2E	034 (12/06)		
City & State		City & State			4. FEI Number 90-0188350				Applied For Not Applicable		
Zip	Country	Zip	Coun	try	5. Certif	icate o	Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent					7. Name	and A	ddress of New	Registered	Agent		
SMITH, CH	AADI ES LI			Name							
901 N. W.	SECOND STREET SEACH, FL 33444			Street Addre	ess (P.O. Box N	umber	is Not Acceptal	ble)			
				City				FI	Zip Cod	е	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed affice or regi	istered agent, o	or both,	in the State of	Florida. I am	n familiar with,	and accept	
SIGNATURE_											
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered A					ntstanier nenw beriup	) (D		DATE			
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campai Trust Fund Cont	~		\$5.00 May B Added to Fees	e					
10.	OFFICERS AND D	RECTORS	11.		ADDITI	ONS/C	HANGES TO O	FFICERS AN	D DIRECTOR	S IN 11	
TITLE	PRES	☐ Delete	TITLE						☐ Change	☐ Addition	
NAME STREET ADDRESS	SMITH, CHARLES H 901 N. W. SECOND STREET		NAM	ET ADDRESS							
CITY-SI-ZIP	DELRAY BEACH, FL 33444			-ST-ZIP							
TITLE -	Vice Pres.	☐ Delete	TITLE		<del></del>		·		[] Change	Addition	
NAME	CharleneCARter		NAM	E					- •	_	
STREET ADDRESS	Gol N.W. 2nd St.		STRE	ET ADDRESS							
CITY-ST-ZIP	DDRESS GOINIW. 2nd St. Delray BCH, FIA. 33444 CITY			-ST - ZIP							
TITLE		☐ Delete	TITLE	ł					Change	Addition	
NAME STREET ADDRESS			NAM	E Et address							
CITY-ST-ZIP				-ST-ZIP							
TITLE		☐ Delete	THTLE						Change	Addition	
NAME STREET ADDRESS			NAM STRE	ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
TITLE		☐ Delete	TITLE						☐ Change	Addition	
NAME			NAM	E							
STREET ADDRESS			•	ET ADDRESS							
CITY-S1-ZIP			CITY	-ST-ZIP							
TITLE		☐ Delete	THTL						Change	Addition	
NAME CTOCET ADDRESS			NAM	E ET ADDRESS							
STREET ADORESS CITY-ST-ZIP				-ST-ZIP							
12. I hereby of indicated of the cor	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor , or on an attachment with an address, w	true and accurate and that a wered to execute this report	or the eximy signal as requi	emptions conta ture shall have	the same legal	effect	as il made undi	er oath: that	i am an officei	r or director	

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OPFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OPFICER OR DIRECTOR

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