


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90063 001 \*\*\*150.00

<b>DOCUMENT # P04000101699</b> 1. Entity Name <b>CHRIANE, INC.</b>					
Principal Place of Business <b>8281 DOMINICA PLACE</b> <b>WELLINGTON, FL 33414 US</b>			Mailing Address <b>8281 DOMINICA PLACE</b> <b>WELLINGTON, FL 33414 US</b>		
2. Principal Place of Business		3. Mailing Address <b>8496 YORKE RD</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>WELLINGTON FL</b>		4. FEI Number <b>34-2004439</b>	
Zip		Zip <b>33414</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>BENDER, DIANE L</b> <b>8281 DOMINICA PLACE</b> <b>WELLINGTON, FL 33414</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>8496 YORKE RD.</b> City <b>WELLINGTON FL</b>	
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.				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
SIGNATURE <u><i>Diane Bender</i></u>				DATE <u>1-14-05</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME BENDER, CHRIS S STREET ADDRESS 8281 DOMINICA PLACE CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE P NAME BENDER, CHRIS STREET ADDRESS 8496 YORKE RD. CITY-ST-ZIP WELLINGTON FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SECT NAME BENDER, CHRIS S STREET ADDRESS 8281 DOMINICA PLACE CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE SECT NAME SECT STREET ADDRESS 8496 YORKE RD CITY-ST-ZIP WELLINGTON FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TREA NAME BENDER, CHRIS S STREET ADDRESS 8281 DOMINICA PLACE CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE TREAS NAME TREAS STREET ADDRESS 8496 YORKE RD CITY-ST-ZIP WELLINGTON FL 33414	<input checked="" 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	
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	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Chris Bender</i></u>			DATE <u>1-15-05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # <u>561-289-8328</u>		