2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF

2006 SEP 18 PM 4: 27 **DOCUMENT # P04000140412** SECRETANT OF STATE TALLAHASSEE, FLORIDA 1. Entity Name JOHN CHUM INC. Principal Place of Business Mailing Address 820 S DUDLEY AVE 820 S DUDLEY AVE BARTOW, FL 33830 BARTOW, FL 33830 2. Principal Place of Business 1700 Woodbury Rd 3. Mailing Address 700 Woodbury Suite, Apt. #, etc. Suite, Apt. #, etc. 09072006 CR2E034 (11/05) Cha-P 2*501* 2501 Applied For City & State City & State 4 FEI Number 12ndo Orlando 20-1765623 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32828 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIOK, JOHAN Street Address (P.O. Box Number is Not Acceptable) 820 S DUDLEY AVENUE BARTOW, FL 33830 Zip Code Orrando <u>3</u>2828 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. hiol 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 15, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Addition Defete TITLE Change John Chiok NAME CHIOK, JOHAN NAME 1700 Woodbury Rd 2501 Orlando, FL32828 STREET ADDRESS 820 S DUDLEY AVENUE STREET ADDRESS BARTOW, FL 33830 CITY-ST-ZIP CITY-ST-ZIP 500080025255 09/21/06--01023--007 \*\*150. TITLE ☐ Delete TITLE Addition NAME \*\*150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. 9-8-06 SIGNATURE:

FILEU

Daytime Phone #