

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000158145

Entity Name: CHUNITA, INC.

FILED  
Jan 06, 2008  
Secretary of State

## Current Principal Place of Business:

2819 MULFORD AVE.  
WINTER PARK, FL 32789

## New Principal Place of Business:

511 SHADY LANE DR  
ORLANDO, FL 32804

## Current Mailing Address:

2819 MULFORD AVE.  
WINTER PARK, FL 32789

## New Mailing Address:

P.O. BOX 2355  
WINTER PARK, FL 32790

FEI Number: 77-0652416

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALERY, PATRICIA  
2819 MULFORD AVE  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

VALERY, PATRICIA  
511 SHADY LANE DR  
ORLANDO, FL 32804 US

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:

01/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: VALLIERE, JOHN  
Address: 532 PAYTON ROAD  
City-St-Zip: MONTICELLO, FL 32344

Title: VD ( ) Delete  
Name: VALERY, PATRICIA  
Address: 532 PAYTON ROAD  
City-St-Zip: MONTICELLO, FL 32344

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: VALLIERE, JOHN  
Address: P.O. BOX 2355  
City-St-Zip: WINTER PARK, FL 32790

Title: VD (X) Change ( ) Addition  
Name: VALERY, PATRICIA  
Address: P.O. BOX 2355  
City-St-Zip: SHADY LANE DR, FL 32804

I hereby certify that the information supplied with this filing does not qualify 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: JOHN VALLIERE

PD

01/06/2008

Electronic Signature of Signing Officer or Director

Date