

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000021470

Entity Name: SCHEVELLE, INC.

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

465 STATE ROAD 13 UNIT 10
JACKSONVILLE, FL 32259

New Principal Place of Business:

465 STATE ROAD 13
SUITE 10
JACKSONVILLE, FL 32259

Current Mailing Address:

211 PARK AVE
POB 111
HASTINGS, FL 32145

New Mailing Address:

465 STATE ROAD 13
SUITE 10
JACKSONVILLE, FL 32259

FEI Number: 03-0554801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: DPST () Delete
Name: NUNCHUCK, PAUL V
Address: 465 STATE ROAD 13 UNIT 10
City-St-Zip: JACKSONVILLE, FL 32259

Title: DVP (X) Delete
Name: BUSS, MICHAEL L
Address: 465 STATE ROAD 13 UNIT 10
City-St-Zip: JACKSONVILLE, FL 32259

Title: DVP (X) Delete
Name: BUSS, CLAYTON
Address: 465 STATE ROAD 13 UNIT 10
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: BUSS, CLAYTON
Address: 465 STATE ROAD 13 UNIT 10
City-St-Zip: JACKSONVILLE, FL 32259

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: CLAYTON BUSS

DPST

04/25/2006

Electronic Signature of Signing Officer or Director

Date