


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P05000025981 |  |
| 1. Entity Name JAMES MACHEN CHARTERED | |

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| Principal Place of Business 301 W. CAMINO GARDENS BLVD., STE. 101 BOCA RATON, FL 33432 | Mailing Address 301 W. CAMINO GARDENS BLVD., STE. 101 BOCA RATON, FL 33432 |
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent MACHEN, JAMES 301 W. CAMINO GARDENS BLVD., STE. 101 BOCA RATON, FL 33432 |
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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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000605442 01/30/07-80036-016 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MACHEN, JAMES CPA 301 W. CAMINO GARDENS BLVD., STE. 101 BOCA RATON, FL 33432 |
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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.

SIGNATURE: James Machen **JAMES MACHEN** 1/26/07 561-391-2742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #