


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90203 011 ***150.00

DOCUMENT # P05000032932

1. Entity Name
 CH4 GROUP INC.



Principal Place of Business
 25 N. BELCHER RD.
 SUITE J-156
 CLEARWATER, FL 33765

Mailing Address
 25 N. BELCHER RD.
 SUITE J-156
 CLEARWATER, FL 33765

60030666



2. Principal Place of Business
 4851 85TH AVE. N.

3. Mailing Address
 → SAME

Suite, Apt. #, etc.

04192006 Chg-P CR2E034 (11/05)

City & State
 PINELLAS PARK, FL

City & State

Zip 33781 Country

4. FEI Number
 20-2436167

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHLUD, HENRY J
 25 N. BELCHER RD.
 SUITE J-156
 CLEARWATER, FL 33765

7. Name and Address of New Registered Agent

Name
 PASEK, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)
 4851 85TH AVE. N.

City
 PINELLAS PARK FL Zip Code 33781

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 Michael PASEK REG. AGENT DATE 04/18/06

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHLUD, HENRY J 25 N. BELCHER RD., SUITE J-156 CLEARWATER, FL 33765 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHLUD, GABRIELA 25 N. BELCHER RD., SUITE J-156 CLEARWATER, FL 33765 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1929 CASSIA RD. 103 CARLSBAD, CA, 92011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1929 CASSIA RD. 103 CARLSBAD, CA 92011
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: Henry J Chlud PRES. DATE 04/18/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #