## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 28, 2006 8:00 am Secretary of State **DOCUMENT # P05000032932** 1. Entity Name 04-28-2006 90203 011 \*\*\*150.00 CH4 GROUP INC. Principal Place of Business Mailing Address 25 N. BELCHER RD. 25 N. BELCHEB-RD. 60030666 SUITE J-158 CLEARWATER, FL 33765 SUITE J-156 CLEARWATER, FL 33765 3. Mailing Address 2. Principal Place of Business 4851 85TH AVE. N SAME Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04192006 Chg-P Applied For City & State City & State 20-243616 PINEILAS Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PASEX MICHAEL CHLUD, HENRY'S Street Address (P.O. Box Number is Not Acceptable) 25 N. BELCHER RD. SUITE J-256 CLEARWATER, FL 33765 85TH N City 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. REG. AGEN I SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change TITLE ☐ Addition TITLE ☐ Delete NAME CHLUD, HENRY J NAME 1829 CASSIA RD. 103 25 N. BELCHER RD., SUITE J-156 STREET ADDRESS STREET ADDRESS CAPISBAD , CA. 92011. CITY-ST-ZIP CLEADWATER, FL 33765 CITY-ST-ZIP Addition ☐ Delete TITLE TITLE CHLUD, GABRIELA NAME NAME 1929 CASSIA RD. CARLSBADI CA 25 N. BELEFIER RD., SUITE J-156 STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33765 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE TITLE Delet NAME NAME STREET ADDRESS STREET ADDRESS 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 emphysical to execute this veport 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 a HENRY 1 CHIND

INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR

FILED

Daytime Phone #