2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000082897

Entity Name: CHILES FLORIDA ASSETS, INC.

FILED Mar 10, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1614 MAHAN CENTER BLVD, STE 104 TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

1614 MAHAN CENTER BLVD, STE 104 TALLAHASSEE, FL 32308

FEI Number: 20-2967116 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOROWITZ, MITCHELL I FOWLER WHITE BOGGS BANKER, P.A. 501 E. KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 CHILES, LAWTON M III
 Name:
 CHILES, LAWTON M III

 Address:
 209 SOUTH ADAMS STREET
 Address:
 1614 MAHAN CENTER BLVD., SUITE 104

City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32308

Title: DVP () Delete Title: DVP (X) Change () Addition

Name: CHILES, KATHERINE Name: CHILES, KATHERINE

Address: 209 S. ADAMS ST Address: 1614 MAHAN CENTER BLVD., SUITE 104

City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32308

Title: ET () Delete Title: ET (X) Change () Addition Name: ABERNETHY, TODD Name: ABERNETHY, TODD

Name: ABERNETHY, TODD Name: ABERNETHY, TODD
Address: 209 SOUTH ADAMS ST Address: 1614 MAHAN CENTER BLVD., SUITE 104

City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32308

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: LAWTON CHILES DIR 03/10/2009