
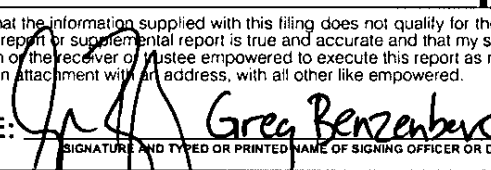


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000121084 1. Entity Name HIGH CHAPARRAL ENTERPRISES, INC.						FILED 06 SEP 15 AM 8:58 STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2773 US1 SOUTH SUITE 1 ST. AUGUSTINE, FL 32086				Mailing Address 2773 US1 SOUTH SUITE 1 ST. AUGUSTINE, FL 32086			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent HUBBARD, RICK T 2773 US 1 SOUTH SUITE 1 ST. AUGUSTINE, FL 32086				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP P HUBBARD, ROBERT 2773 US 1 SOUTH ST. AUGUSTINE, FL 32086 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 400080719754 10/11/06--01021--017 **150.00			
TITLE NAME STREET ADDRESS CITY - ST - ZIP P BENZENBERG, GREG 2773 US 1 SOUTH ST. AUGUSTINE, FL 32086 <input type="checkbox"/> Delete				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"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete				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: 				Date: 9/14/06 Daytime Phone: 904 794-4100			