


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000135956		
1. Entity Name CHI & WS, INC.		

Principal Place of Business 2578 ENTERPRISE ROAD SUITE 318 ORANGE CITY, FL 32763 US	Mailing Address 2578 ENTERPRISE ROAD SUITE 318 ORANGE CITY, FL 32763 US
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DO NOT WRITE IN THIS SPACE



02272007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3584576	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COUVERTIER, MANUEL  
2578 ENTERPRISE ROAD  
SUITE 318  
ORANGE CITY, FL 32763

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COUVERTIER, MANUEL 2578 ENTERPRISE ROAD SUITE 318 ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.T COUVERTIER, MANUEL 2578 ENTERPRISE ROAD SUITE 318 ORANGE CITY, FL 32763
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03/26/07-80017-003 150.00

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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, on an attachment with an address, with all other like empowered.

SIGNATURE: Manuel Couvertier 3/9/07 321-947-5432

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