2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000002992

Entity Name: ROBERT CHALK FRAMING, INC.

FILED Feb 18, 2007 Secretary of State

P O BOX 4495 4855 SR 207

ST AUGUSTINE, FL 32085 ELKTON, FL 32033

Current Mailing Address: New Mailing Address:

P O BOX 4495 P.O. BOX 153 ST AUGUSTINE, FL 32085 P.O. BOX 153 ELKTON, FL 32033

FEI Number: 20-4073662 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:

BARKER, LINDA 31 ANDALUSIA CT

ST AUGUSTINE, FL 32086 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: P () Delete
Name: CHALK, ROBERT D JR

Address: P O BOX 4495

City-St-Zip: ST AUGUSTINE, FL 32085

Title: ST () Delete

Name: STRICKLAND, TAMMY

Address: P O BOX 4495

City-St-Zip: ST AUGUSTINE, FL 32085

Title: PRES (X) Change () Addition

Name: CHALK, ROBERT D JR Address: 4855 SR 207

City-St-Zip: SELKTON, FL 32033

Title: ST (X) Change () Addition

Name: STRICKLAND, TAMMY

Address: 4855 SR 207

City-St-Zip: ELKTON, FL 32033

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT D CHALK, JR PRES 02/18/2007