2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000093009

City-St-Zip:

FILED Dec 26, 2007 Secretary of State

Entity Name: CHAD'S HANDY SERVICE INC **Current Principal Place of Business: New Principal Place of Business:** 1500 BEVILLE RD SUITE 606/117 DAYTONA BEACH, FL 32114 **New Mailing Address: Current Mailing Address:** 516 NW 2ND AVE WILLISTON, FL 32696 FEI Number: 20-5062050 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: WILLIAMSON, CHAD L 1703 MAGNOLIA AVE SOUTH DAYTONA BEACH, FL 32119 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition WILLIAMSON, CHAD L WILLIAMSON, CHAD L Name: Name: 1703 MAGNOLIA AVE 516 NW 2ND AVE Address: Address: City-St-Zip: SOUTH DAYTONA BEACH, FL 32119 City-St-Zip: WILLISTON, FL 32696

Title: VΡ Title: VΡ (X) Change () Addition () Delete Name: HOSMAN, TARA C Name: HOSMAN, TARA C 526 NW 2ND AVE 516 NW 2ND AVE Address: Address: WILLISTON, FL 32696 WILLISTON, FL 32696 City-St-Zip: City-St-Zip: Title: TREA Title: () Delete () Change (X) Addition RILEY, BRADEN R Name: Name: 516 NW 2ND AVE Address Address: City-St-Zip: City-St-Zip: WILLISTON, FL 32696 Title: () Delete Title: () Change (X) Addition REYNOLDS, THOMAS C Name: Name: Address: Address: 516 NW 2ND AVE

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.

City-St-Zip:

WILIISTON, FL 32696

SIGNATURE: CHAD WILLIAMSON P 12/26/2007