
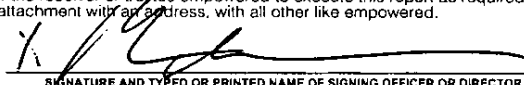


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90036 026 \*\*\*150.00

<b>DOCUMENT # P06000095642</b>					
<b>1. Entity Name</b> CHILI KNIGHT INC					
<b>Principal Place of Business</b> 10710 WALSHINGHAM RD LARGO, FL 33772			<b>Mailing Address</b> 7001 66TH ST N PINELLAS PARK, FL 33781		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 20-5231753			Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  CENTRAL ACCOUNTING AND TAX SERVICE 7001 66TH ST N PINELLAS PARK, FL 33781			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> KNIGHTON, CRYSTAL		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 4640 17TH AV N	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>CITY-ST-ZIP</b> ST PETERSBURG, FL 33713					
<b>TITLE</b> VP	<b>NAME</b> KNIGHTON, MICHELLE		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 2101 HAMPTON DR N	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>CITY-ST-ZIP</b> ST PETERSBURG, FL 33710					
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>CITY-ST-ZIP</b> 					
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>CITY-ST-ZIP</b> 					
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>CITY-ST-ZIP</b> 					
<b>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.</b>					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

40115523



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