

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000020995

FILED
Mar 30, 2009
Secretary of State

Entity Name: CHAI C GREEN INVESTORS, INC.

Current Principal Place of Business:

362 NW SUNVIEW WAY
PORT ST LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

362 NW SUNVIEW WAY
PORT ST LUCIE, FL 34986 US

New Mailing Address:

FEI Number: 26-1801122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, RONNYE
362 NW SUNVIEW WAY
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: SMITH, RONNYE
Address: 362 NW SUNVIEW WAY
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: VP () Delete
Name: BILLINGSLEY, PHYLLIS
Address: 315 NW SHOREVIEW DR
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: S () Delete
Name: CAMPBELL, BLANCHE
Address: 353 NW SUNVIEW WAY
City-St-Zip: PORT ST LUCIE, FL 349896 US

Title: T () Delete
Name: GOLDSTEIN, PRISCILLA
Address: 310 NW MILLPOND LANE
City-St-Zip: PORT ST LUCIE, FL 34986 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: RONNYE SMITH

P

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date