2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000085680 1. Entity Name CHORES GALORE, INC.				Apr 28, 2005 08:00 AM Secretary of State
Principal Plac	e of Business	lailing Address	. ***	
105 YACHT (JUPITER, FL	CLUB DR	TOS YACHT CLUB DR Jupiter, FL 33477 US		
*				
		=		/ (Barigar 1) = /place mile major Ramin major mile miles - mil
1 -	A NOT WOITE II	N TINC CD	A CE	04262005 No Chg-P CR2E034 (10/03)
L	OO NOT WRITE I	N 1013 3P	ACE	4. FEI Number Applied For 65-0625568 Not Applicable
i .				eq 75 Additional
				5. Certificate of Status Desired Fee Required
8. Name and Address of Current Registered Agent				
SUTTON, MARGARET A				DO NOT WRITE
105 YACHT CLUB DRIVE JUPITER, FL 33477				
John Little 30477			\	IN THIS SPACE
]	
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				
Signature, typed or printed name of registered agent and title if applicable — (NOTE Registered Agent signature required when releasing) DATE				
FILE NOWIR FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRE	CTORS		
TITLE NAME	D SUTTON, MARGARET A		F*	
STREET ADDRESS	105 YACHT CLUB DRIVE		<u>.</u>	
CITY - ST-ZIP	JUPITER, FL 33477			
TITLE NAME	P HENRY, MARGARET A		_	
STREET ADDRESS	105 YACHT CLUB DR			U00000339775 04/28/05-80088-015 150.00
CITY-ST-ZIP	JUPITER, FL 33477			U4/28/05-80088-015 150.00 (
TITLE	CHONGRANI MICHAELA	A Section 1	= :	
NAME STREET ADDRESS	SNOWMAN, MICHAEL A 2856 TENNIS CLUB DR #103		ł	DO NOT WOITE
CITY-ST-ZIP	WEST PALM BEACH, FL 33417			DO NOT WRITE
TITLE	A Marie of the second	• •	· · · · · · · · · · · · · · · · · · ·	IN THIS SPACE
NAME STREET ADDRESS				
CITY-ST-ZIP				
TITLE			—	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
NAME STREET ADDRESS	1		- (
CITY-ST-ZIP			1	
TITLE	=		7- 1	
NAME STREET ADDRESS			§	
STREET ADDRESS CRY-ST-ZIP	}		l	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes 1 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				
of the co	poration or the receiver or trustee empowers	to execute this report as r	equired by Chapter 60	7, Florida Statutes; and that my name appears in Block 10 or Block 11 if

egant a Satton MAKIAROTA. SUTTON 4-36-05 561-575-1272 SIGNATURE AND TYPES OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR DAIL OF DIRECTOR

FILED