


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P96000006622</b>	
1. Entity Name <b>CHAKAM PRODUCTIONS COMPANY</b>	

Principal Place of Business <b>411 WALNUT STREET 1832 GREEN COVE SPRINGS, FL 32043</b>	Mailing Address <b>411 WALNUT STREET 1832 GREEN COVE SPRINGS, FL 32043</b>
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**DO NOT WRITE IN THIS SPACE**

04162007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3355456</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SMITH, ADAM G  
411 WALNUT STREET  
1832  
GREEN COVE SPRINGS, FL 32043**

**DO NOT WRITE 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 Adam G. Smith DATE 4/16/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, ADAM G 411 WALNUT STREET, #1832 GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ODOM, LORA 411 WALNUT STREET, #1832 GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELGOE-SMITH, RORY 411 WALNUT STREET, #1832 GREEN COVE SPRINGS, FL 32043
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05/01/07-80108-023 158.75

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE: Adam G. Smith Adam G. Smith 4/16/07 904-982-8460  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #