


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000019178


1. Entity Name
CHELEKIM, INC.



Principal Place of Business Mailing Address

3261 U.S. HIGHWAY 441/27, SUITE A #1 3261 U.S. HIGHWAY 441/27, SUITE A #1
 FRUITLAND PARK, FL 34731 US FRUITLAND PARK, FL 34731 US

DO NOT WRITE IN THIS SPACE



07282006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3439344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ETHEREDGE, RICHARD K
 3261 U.S. HIGHWAY 441/27, SUITE A #1
 FRUITLAND PARK, FL 34731

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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 _____ (NOTE: Registered Agent signature required when reinstating)

U00000573172
 08/02/06 08005 010 550.00

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ETHEREDGE, RICHARD K 30215 REDTREE DRIVE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ETHEREDGE, MICHELE V 30215 REDTREE DRIVE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *[Signature]* Date: **7-28-06** Daytime Phone #: **352-365-1191**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR