## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # P96000036782 CHANEY'S LOCKSMITH SERVICE CORP. Principal Place of Business Mailing Address 10060 COUNTRY BROOK RD 10060 COUNTRY BROOK RD BOCA RATON, FL 33428 BOCA RATON, FL 33428 CR2E034 (11/05) 03202006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0674951 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHANEY, CHARLES DO NOT WRITE 10060 COUNTRY BROOK RD BOCA RATON, FL 33428 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME CHANEY, CHARLES STREET ADDRESS 10060 COUNTRY BROOK RD CITY-ST-ZIP BOCA RATON, FL 33428 TITLE NAME U00000530691 STREET ADDRESS 05/06/06-80007-025 150.00 COY-ST-ZIP MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CDY-ST-ZP TITLE NAME STREET ADDRESS CDY-ST-ZIP TITLE NAME STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06

561-883-0180

FILED