


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000037499 1. Entity Name CHANOBE INVESTMENT GROUP, INC.	
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Principal Place of Business 12779 SE 90TH CT RD SUMMERFIELD, FL 34491	Mailing Address 12779 SE 90TH CT RD SUMMERFIELD, FL 34491
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03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0757231	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 STAENDEKE, HORST F 12779 SE 90TH COURT RD SUMMERFIELD, FL 34491
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STAENDEKE, HORST F 12779 SE 90TH COURT ROAD SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STAENDEKE, CHARLOTTE A 12779 SE 90TH COURT ROAD SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STAENDEKE, HORST F 12779 SE 90TH COURT ROAD SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STAENDEKE, BENJAMIN M BERNKASTELER STR. 5 50969 KOELIN (GERMANY).
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000472359
03/29/06-80033-016 150.00

**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: <u>M. Aludeke</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
03-15-06 352-347-6952 <small>Date Daytime Phone #</small>