2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000037896

FILED Jan 17, 2004 Secretary of State

Entity Name: C.R. CHICKS STUART, INC.							
Current Pr	incipal Place o	of Business:	New Princ	New Principal Place of Business:			
153 SW MONTEREY RD SUITE 4A STUART, FL 34994 US							
Current Ma	ailing Address	:	New Maili	New Mailing Address:			
835 13TH STREET WEST PALM BEACH, FL 33403							
FEI Number:	65-0775497	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Des	sired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1629 S. LAI	HRISTOPHER KESIDE DR RTH, FL 33460	R	11380 PRC SUITE 221	CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD. SUITE 221E PALM BEACH GARDENS, FL 33410			
The above in the State		ibmits this statement for the pu	irpose of changing it	ts registered o	ffice or registered age	nt, or both,	
SIGNATUR	E: CHRIS SAL	LLEN, ASST. SECRETARY		01/17/2004			
	Electronic	Signature of Registered Ager	nt	Date			
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () D DAVIS, RICHARD 506 CORSAIR DE NORTH PALM BE	र	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	S () C SALLEN, CHRIST 1629 S LAKESID LAKEWORTH, FL	E DR	Title: Name: Address: City-St-Zip:	SALLEN, CHRIS 310 VALLETTE			
Title: Name: Address: City-St-Zip:	T () C GROVER, ROBEI 390 NORFORK A TEQUESTA, FL 3	VE	Title: Name: Address: City-St-Zip:	()	Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS SALLEN S 01/17/2004