

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90090 004 ***150.00

DOCUMENT # P97000068439	
1. Entity Name CHANNEL ENTERTAINMENT INTERNATIONAL, INC.	

Principal Place of Business 1208 MARINE WAY SUITE 703 NORTH PALM BEACH, FL 33408	Mailing Address 1208 MARINE WAY SUITE 703 NORTH PALM BEACH, FL 33408
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2. Principal Place of Business - No P.O. Box # <i>1200 Marine Way</i>	3. Mailing Address <i>1200 Marine Way</i>
Suite, Apt. #, etc. <i>602</i>	Suite, Apt. #, etc. <i>602</i>

City & State <i>North Palm Beach, FL</i>	City & State <i>North Palm Beach, Florida</i>
Zip <i>33408</i>	Country <i>USA</i>

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02212008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent KRAMER, FREDERICK L 1200 MARINE WAY #602 NORTH PALM BEACH, FL 33408	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, FREDERICK L 1208 MARINE WAY NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Frederick L Kramer* 4/24/08 / 541-776-7104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #