2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 30, 2006 08:00 AM DOCUMENT # P98000057756 **Secretary of State** CHACKOMATT CORPORATION Principal Place of Business Mailing Address 13025 HWY 301 S 13025 HWY 301 S RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 01252006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3518674 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHACKO, MATHEW T DO NOT WRITE 3923 APPLE TREE DRIVE VALRICO, FL 33594 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 if applicable (NOTE, Registered Agent signature required when reinstating) U0000004078<u>3</u>2 02/08/06-80035-024 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! | FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CHACKO, MATHEW T NAME STREET ADDRESS 3923 APPLETREE DRIVE CITY-ST-ZIP VALRICO, FL 33594 TITLE SYMON, PALLIKUNNEL A NAME 1017 TUSCANNY ST STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33511 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATHON CHACKO 1-26-06 813 335-92

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DIFFICER OR DIRECTOR

Date

Displane Phone *

12. I hereby certify that the information supplied with this filling 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