


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000088120 1. Entity Name CHANCEY & SONS, INC.	
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FILED
06 AUG 21 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5058 NE 49TH BLVD WILDWOOD, FL 34785 US	Mailing Address 5058 NE 49TH BLVD WILDWOOD, FL 34785 US
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2. Principal Place of Business 1382 East C.R. 462 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1048 Suite, Apt. #, etc.	08172006 Chg-P CR2E034 (11/05)
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City & State Wildwood, FL	City & State Wildwood, FL	4. FEI Number 59-3544738	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 34785	Country US	Zip 34785-1048	Country US

6. Name and Address of Current Registered Agent CHANCEY, N. B 5058 NE 49TH BLVD WILDWOOD, FL 34785	7. Name and Address of New Registered Agent Name CHANCEY, DARRELL K. Street Address (P.O. Box Number is Not Acceptable) 1382 East C.R. 462 City Wildwood FL-34785
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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: *Darrell K. Chancey* August 17, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	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	D <input type="checkbox"/> Delete	TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANCEY, DARRELL	NAME	CHANCEY, DARRELL K.
STREET ADDRESS	1382 EAST C-462	STREET ADDRESS	P.O. Box 1048
CITY-ST-ZIP	WILDWOOD, FL 34785	CITY-ST-ZIP	Wildwood, FL 34785-1048
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	200079054722 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANCEY, DENNIS J	NAME	08/23/05--01034--011 **61.25
STREET ADDRESS	1292 EAST C-462	STREET ADDRESS	
CITY-ST-ZIP	WILDWOOD, FL 34785	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	D/VP/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	CARROLL, ADRIAN S.
STREET ADDRESS		STREET ADDRESS	P.O. Box 1048
CITY-ST-ZIP		CITY-ST-ZIP	Wildwood, FL 34785-1048
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Dennis J Chancey</i>	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Darrell K. Chancey* August 17, 2006 (352) 303-1199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #