
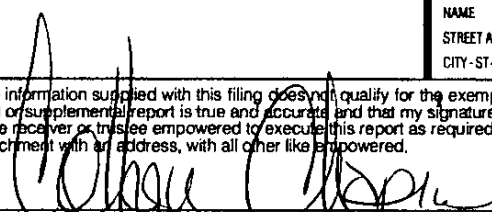


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90025 017 \*\*\*150.00

<b>DOCUMENT # P98000102552</b> 1. Entity Name <b>CHAPIN &amp; KELLEY, INC.</b>			
Principal Place of Business 11850 CARNEGIE PL WEST PALM BEACH, FL 33412		Mailing Address 11850 CARNEGIE PL WEST PALM BEACH, FL 33412	
2. Principal Place of Business <b>7 Wycliff Rd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>7 Wycliff Rd.</b> Suite, Apt. #, etc.	
City & State <b>Palm Bch Gardens, FL</b>		City & State <b>Palm Bch Gardens, FL</b>	
Zip <b>33418</b>		Zip <b>33418</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>65-0881631</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CHAPIN, COLLEEN</b> <b>11850 CARNEGIE PL</b> <b>WEST PALM BEACH, FL 33412</b>		7. Name and Address of New Registered Agent  Name <b>7 Wycliff Rd.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Palm Bch Gardens, FL</b> City, State, Zip <b>33418</b>	
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 reappointing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>CHAPIN, COLLEEN</b> <b>11850 CARNEGIE PL</b> <b>WEST PALM BEACH, FL 33412</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7 Wycliff Rd.</b> <b>Palm Bch Gardens, FL 33418</b>
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
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
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
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
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.			
<b>SIGNATURE:</b> 		Date <b>1/23/06</b> Daytime Phone # <b>561.694.2650</b>	