2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006
Secretary of State

DOCUMENT# P99000009216

Entity Name: CHIP MANAGEMENT, INC.

Current Principal Place of Business:

915 W. SKYVIEW CROSSING
HERNANDO, FL 34442

New Principal Place of Business:

2298 N. OVERLOOK PATH
HERNANDO, FL 34442

Current Mailing Address:

915 W. SKYVIEW CROSSING
HERNANDO, FL 34442

New Mailing Address:

2298 N. OVERLOOK PATH
HERNANDO, FL 34442

FEI Number: 65-0888745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABEL, ERIC D
915 W. SKYVIEW CROSSING
HERNANDO, FL 34442 US

Name and Address of New Registered Agent:

ABEL, ERIC D
2298 N. OVERLOOK PATH
HERNANDO, FL 34442 US

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.

SIGNATURE: ERIC D. ABEL 01/30/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ABEL, ERIC D
Address: 915 W. SKYVIEW CROSSING
City-St-Zip: HERNANDO, FL 34442

Title: D ( ) Delete
Name: TAMPOSI, STEPHEN A
Address: 216 E KELLER CT
City-St-Zip: HERNANDO, FL 34442

Title: D ( ) Delete
Name: PASTOR, JOHN E
Address: 1993 N. EAGLE CHASE DRIVE
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ABEL, ERIC D
Address: 2298 N. OVERLOOK PATH
City-St-Zip: HERNANDO, FL 34442

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOHN E. PASTOR D 01/30/2006
Electronic Signature of Signing Officer or Director Date