2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **ANNUAL REPORT** Mar 26, 2008 08:00 AN **DOCUMENT # P99000048746 Secretary of State** 1. Entity Name NR CHI INC Mailing Address Principal Place of Business 535 OAKS DRIVE #105 535 OAKS DRIVE #105 POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 03232008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0923543 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RACKEAR, NANCY 535 OAKS DRIVE #105 POMPANO BEACH, FL 33069 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITLE RACKEAR, NANCY NAME STREET ADDRESS 535 OAKS DRIVE #105 CITY-ST-ZIP POMPANO BEACH, FL 33069 U000000870111 TITLE 04/09/08-80078-010 150.00 NAME STREET ADDRESS CITY-ST-7IP TIME NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIF IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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 prostee 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 apdress, with all the rike empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone is