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Mar 17, 2004 8:00 am
Secretary of State

03-03-2004 90022 015 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000073478

1. Entity Name
CHRICLAR CORPORATION

664UD060

Principal Place of Business	Mailing Address
1105 CAPE CORAL PKWY EAST, SUITE C CAPE CORAL, FL 33904	1105 CAPE CORAL PKWY EAST, SUITE C CAPE CORAL, FL 33904

01212004 Chg-P CR2E034(10/03)

2. Principal Place of Business	3. Mailing Address
4427 SE 16 PL #	4427 SE 16 PL #2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral, FL	City & State: Cape Coral, FL
Zip: 33904 Country: USA	Zip: 33904 Country: USA

4. FEI Number: 65-0943506 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHUTT, DARRIN RESQ.
1105CAPE CORALPKW YEAST, SUITE C
CAPECO RAL,FL 33904

7. Name and Address of New Registered Agent

Name: Christine F. Wright, Esq
Street Address (P.O. Box Number is Not Acceptable): 4427 SE 16th Place #2
City: Cape Coral FL Zip Code: 33904

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] 2/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	D ☐ Change ☐ Addition
NAME	ULRICH-CUNZ,ELIZA BETH	NAME	[signature]
STREET ADDRESS	4914SW 2N DPL.	STREET ADDRESS	4914 SW 2nd PL, CAPE CORAL
CITY-ST-ZIP	CAPEC ORAL, FL 33914	CITY-ST-ZIP	FL. 33914 TEL 239-570 1781
TITLE	D ☐ Delete	TITLE	D ☐ Change ☐ Addition
NAME	CUNZ,R OLF	NAME	[signature]
STREET ADDRESS	4914SW 2N DPL.	STREET ADDRESS	4914 SW 2nd PL, CAPE CORAL
CITY-ST-ZIP	CAPEC ORAL, FL 33914	CITY-ST-ZIP	FL. 33914 - TEL 239-570 1781
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 exemption stated in Section 119.07(3)(i), 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #