2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 22, 2008 08:00 A Secretary of State

ANIOAL ILLI OKI					CD, 000
DOCUMENT # P99000092557 1. Entity Name CHANCHAL CORPORATION					Secretary of S
Principal Place of Business 8507 OLD CR 54 NEW PORT RICHEY, FL 34653 Mailing Address 8507 OLD CR 54 NEW PORT RICHEY, FL 34653			 	CONCRENIE NOVO NOVE FINA ERA NEKOVEK KONZ	
DO NOT WRITE IN THIS SPAC			CE	02142008 No Chg-P 4. FEI Number 59-3614018 5. Certificate of Status Desired	CR2E034 (11/05) Applied For Not Applicable
				3. Certificate of Ciatus Desired	Fee Required
6. Name and Address of Current Registered Agent GUNVANT, PATEL 8507 OLD CR 54 NEW PORT RICHEY, FL 34653				DO NOT V IN THIS S	
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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. Note I Substant R. Podel Substant R. Podel Published Agent signature required when reinsteting) DATE: FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution.					
10.	OFFICERS AND DIF	RECTORS			•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PATEL, GUNVANTBHAI 8507 OLD CR 54 NEW PORT RICHEY, FL 34653		• • •		·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEL, MINABEN 8507 OLD CR 54 NEW PORT RICHEY, FL 34653		; ,		,
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT V	VRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS S	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				, `	
TITLE NAME STREET ADDRESS					

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:

CITY-ST-ZIP

SKORS GUNVANT K.
BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIREC

2. 18.08. 727. 376.0626

Daytime Phone