2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 01, 2007 08:00 AM DOCUMENT # P99000094051 Secretary of State CHASE FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address 1129 ROYAL PALM BEACH BLVD STE 72 1129 ROYAL PALM BEACH BLVD STE 72 WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33411 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2747382 Not Applicable Ζιρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo CHASE, JEAN A Street Address (P.O. Box Number is Not Acceptable) 1129 RÔYAL PALM BEACH BLVD STE 72 WEST PALM BEACH FL 33411 City Zip Code 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 agont. SIGNATURE. Signature, typed or printed name of registered agent and title r applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. מד TITLE Change Addition ☐ Delete TIFLE KNOX, MARJORIE M NAME NAME U000000615238 504 RYDER CUP CIRCLE STREET ADDRESS STREET ADDRESS 02/06/07-80063-019 150.00 PALM BEACH GARDENS FL 33410 CITY-ST-ZIP CITY+ST-ZIP ☐ Delete TITLE ☐ Change Addition CHASE, JEAN A 1129 ROYAL PALM BEACH BLVD STE 72 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33411 CITY-SI-7IP CITY-ST-ZIP HILE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP IIILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete IIILE Change Addition

12. I horeby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the receiver or trustoe 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-S1-ZIP

ENTED NAME OF SIGNING OFFICER OR DIRECTOR

VEAN A . CHASE SECRETARY

1/29/07 56/79/8085