

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000101113

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** CHERNEY ASSOCIATES, INC.

**Current Principal Place of Business:**

13833 E-4 WELLINGTON TRACE  
PMB #127  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

C/O OBERFEST  
P.O. BOX 318  
CHAPPAQUA, NY 10514

**New Mailing Address:**

C/O DATA ENTRY SERVICES  
9 CHIPMUNK LANE  
RIDGEFIELD, CT 06877 10

**FEI Number:** 22-3691441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHERNEY, ALAIN V  
13833 E-4 WELLINGTON TRACE  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: MR ( ) Delete  
Name: CHERNEY, ALAIN V  
Address: 13833 E-4 WELLINGTON TRACE PMB #127  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify 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:** ALAIN V CHERNEY

MR

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date