

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90117 003 ***150.00

DOCUMENT # S52883 1. Entity Name CHELSEA PLANNERS, INC.					
Principal Place of Business 22268 NATURE COVE CT. ESTERO, FL 33928				Mailing Address 22268 NATURE COVE CT. ESTERO, FL 33928	
2. Principal Place of Business 22190 RED LAUREL LA.		3. Mailing Address 22190 RED LAUREL LA.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ESTERO FL		City & State ESTERO FL		4. FEI Number 65-0265027	
Zip 33928		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASSAVELL, EDWARD 3512 DEL PRADO BLVD, SUITE 13 CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 agent. SIGNATURE <u><i>Ed Cassavell, Pres.</i></u> DATE <u>1/20/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASSAVELL, EDWARD 22268 NATURE COVE CT. ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASSAVELL, EDWARD 22190 RED LAUREL LA. ESTERO, FL 33928	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Ed Cassavell, Pres.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/20/06</u> Daytime Phone # <u>828-5070293</u>		