2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 14, 2004 8:00 am Secretary of State **DOCUMENT # 737748** 1. Entity Name 05-14-2004 90005 049 ****61.25 CHRIS HAVEN, INC. Principal Place of Business Mailing Address 729 RIDGE ROAD 54054331 729 RIDGE ROAD LANTANA FL 33462 LANTANA FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 58-9249243 Not Applicable Zip 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 Name DITULLIO, MARIA Street Address (P.O. Box Number is Not Acceptable) 729 RIDGÉ ROAD, APT. #3 LANTANA FL 33462 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 agent. SIGNATURE Signature, typed or printed name of registered agent and litle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition DI TULLIO, MARIA C NAME 729 RIDGE ROAD #3 STREET ADDRESS STREET ADDRESS LANTANA FL 33462 CITY-ST-7IP CITY-ST-ZIP DPV TITLE ☐ Delete TITLE Change ☐ Addition BISSON, ANDY NAME NAME 729 RIDGE RD, #5 STREET ADDRESS STREET ADDRESS LANTANA FL 33462 CITY-ST-7IP CITY-ST-ZIP DTS TITLE ☐ Delete TITLE ☐ Change Addition DOMINGUEZ, ROBERTO NAME NAME 729 RIDGE RD, #4 STREET ADDRESS STREET ADDRESS LANTANA FL 33462 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 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P

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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 617, 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. TUESDAYS THE NAME OF SIGNING OFFICER OR DIRECTOR PRESUPENT 4/31/09/561) 186-9542 SIGNATURE: