2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700094

Entity Name: THE CHISELERS INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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401 WEST KENNEDY BOULEVARD C/O UNIV. OF TAMPA BOX 83-F TAMPA, FL 33606

Current Mailing Address: New Mailing Address:

PO BOX 172096 PO BOX 13895

TAMPA, FL 336720096 US TAMPA, FL 336813895 US

FEI Number: 59-6200154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

VAUGHN, RONALD DR. UNIVERSITY OF TAMPA 401 W. KENNEDY BLVD TAMPA, FL 33606 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

() Delete (X) Change () Addition BARLOW, GLENDA BARLOW, GLENDA Name: Name: 3711 BAYSHORE BLVD Address: 3711 BAYSHORE BLVD Address:

City-St-Zip: TAMPA, FL 33611 City-St-Zip: TAMPA, FL 33611

Title: Title: () Delete Name: STRAHAM, SUSANNE K Name: Address: 3232 FAIR OAKS AVE Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip:

Title: 2VP () Delete Title: () Change () Addition

REINEMAN, BETTY Name: Name: Address: 164 BISCAYNE AVE Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip:

(X) Change () Addition Title: () Delete Title: 3VP

DEBORAH, GANGILIO Name: Name: TAPLEY, RUTH 9707 HIDDEN COVE CT 3106 SAN RAPHAEL ST Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33629

Title: () Delete Title: (X) Change () Addition

DYAL, KAY DYAL, KAY R Name: Name:

902 S.DAKOTA AVE #4A 902 S.DAKOTA AVE #4A Address: Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: **TAMPA, FL 33606**

Title: () Delete Title: () Change (X) Addition

BOWLES, EVELYN Name: Name: Address: Address: 815 S. NEWPORT TAMPA, FL 33606 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAY R. DYAL Т 04/16/2009