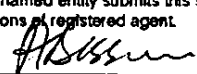
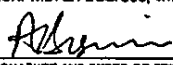


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

5. Jun 08, 2005 8:00 am
Secretary of State

05-04-2005 90138 035 *****61.25

DOCUMENT # 737748 1. Entity Name CHRIS HAVEN, INC.					
Principal Place of Business 729 RIDGE ROAD LANTANA FL 33462 US			Mailing Address 729 RIDGE ROAD LANTANA FL 33462 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-9249243 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DITULLIO, MARIA 729 RIDGE ROAD, APT. #3 LANTANA FL 33462			Name ANDY BISSEON Street Address (P.O. Box Number is Not Acceptable) 1132 PINEHOLLOW CIR. GREEN ACRES FL. City FL Zip Code 33463		
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  DATE 6-4-05 Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when re-registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DI TULLIO, MARIA C 729 RIDGE ROAD #3 LANTANA FL 33462 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV BISSEON, ANDY 729 RIDGE RD, #5 LANTANA FL 33462 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS DOMINGUEZ, ROBERTO 729 RIDGE RD, #4 LANTANA FL 33462 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHIRLY THOMPSON 729 RIDGE RD #1 LANTANA, FL 33462 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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.					
SIGNATURE:  ANDY BISSEON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-23-05 561-714-6355 Date Daytime Phone #		

66022496



1st MOORE CR2E037 (10/04)