2009

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

FILED

2009 JUN -4 P 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT ~~# 107741~~ 737748

1. Entity Name

CHRIS HAVEN, INC.

Principal Place of Business	Mailing Address
729 RIDGE ROAD (OUT) 6995-3-3 LANTANA FL 33462 US	729 RIDGE ROAD LANTANA FL 33462 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	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
BISSOON, ANDY 4132 PINE HOLLOW CIR GREEN ACRES FL 33463	Name ANDY BISSOON Street Address (P.O. Box Number is Not Acceptable) 729 RIDGE RD Apt #5 City LANTANA FL Zip Code 33462

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 ANDY BISSOON 4/27/09

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DI TULLIO, MARIA C 729 RIDGE ROAD #3 LANTANA FL 33462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000156795580 06/04/09--01037--021 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BISSON, 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 JHONSON, SHIRLEY 729 RIDGE RD, # 1 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	☐ 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 exemptions contained in Section 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 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.