


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 767021 1. Entity Name THE CHRYSALIS HOUSE, INC.	
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Principal Place of Business 5904 S. SWITZER AVENUE TAMPA, FL 33611 US	Mailing Address P.O. BOX 13872 TAMPA, FL 33681-3872 US
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DO NOT WRITE IN THIS SPACE



05132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2288756	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HABBE, DIANA R 5009 W. COLONIAL DR., #3 TAMPA, FL 33611
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RICE, BETSY J 5203 BAYSHORE BLVD. #12 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROBINSON, REGGIE 16529 HUTCHINSON ROAD ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HABBE, DIANA R 5009 W. COLONIAL DR., #3 TAMPA, FL 336113737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KLINE, KATHY 13559 AVISTA DRIVE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000764248 05/30/07-80051-014 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 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: <i>Diana R. Habbe</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <i>5/13/07</i> Daytime Phone #: <i>813.831-8840</i>