

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90085 019 \*\*\*158.75

<b>DOCUMENT # F99000003003</b> 1. Entity Name <b>CHAPMAN FREEBORN AMERICA INC.</b>					
Principal Place of Business <b>5500 NW 21ST TERRACE HANGAR 5 FORT LAUDERDALE, FL 33309 US</b>				Mailing Address <b>5500 NW 21ST TERRACE HANGAR 5 FORT LAUDERDALE, FL 33309 US</b>	
2. Principal Place of Business - No P.O. Box # <b>53400 NW 20TH TERRACE</b>		3. Mailing Address <b>53400 NW 20TH TERRACE</b>			
Suite, Apt. #, etc. <b>SUITE 207</b>		Suite, Apt. #, etc. <b>SUITE 207</b>			
City & State <b>FT. LAUDERDALE FL</b>		City & State <b>FT. LAUDERDALE FL</b>			
Zip <b>33309</b>		Country <b>FLORIDA</b>		Zip <b>33309</b>	
Country <b>FLORIDA</b>		Country <b>FLORIDA</b>			
6. Name and Address of Current Registered Agent  <b>STEINER, HARALD 5500 NW 21ST TERRACE HANGAR 5 - FORT LAUDERDALE EXECUTIVE AIRPO FORT LAUDERDALE, FL 33309</b>				7. Name and Address of New Registered Agent Name <b>STEINER, HARALD</b> Street Address (P.O. Box Number is Not Acceptable) <b>53400 NW 20TH TERRACE</b> <b>SUITE 207</b> City <b>FT. LAUDERDALE</b> <b>FL</b> Zip Code <b>33309</b>	
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: <u><i>[Signature]</i></u> <b>Vice President</b> <span style="float: right;">1-3-07</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V STEINER, HARALD 4721 NE 13TH AVENUE OAKLAND PARK, FL 33334</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 607, 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: <u><i>[Signature]</i></u> <b>Vice President</b> <span style="float: right;">1-3-07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					