
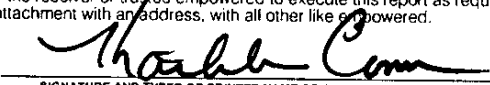


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90186 024 ***150.00

| | | | |
|--|---------------------------------|---|---|
| DOCUMENT # L45422 1. Entity Name CHIPPEWA CORPORATION | |  | |
| Principal Place of Business 29115 EICHELBERGER RD. TAVARES, FL 32778 US | | Mailing Address 29115 EICHELLBERGER RD. TAVARES, FL 32778 US | |
| 2. Principal Place of Business - No P.O. Box # 12570 Telecom DRIVE Suite, Apt. #, etc. | | 3. Mailing Address 12570 Telecom Drive Suite, Apt. #, etc. | |
| City & State Temple TERRACE FL Zip 33637 Country US | | City & State Temple TERRACE FL Zip 33637 Country US | |
| 4. FEI Number 59-2991310 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent COMER, KATHLEEN 29115 EICHELBERGER RD. TAVARES, FL 32778 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE P NAME COMER, KATHLEEN STREET ADDRESS 29115 EICHELBERGER RD. CITY-ST-ZIP TAVARES, FL | <input type="checkbox"/> Delete | TITLE 12570 Telecom Drive NAME Temple TERRACE FL STREET ADDRESS 33637 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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:  | | 4-28-08 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |