


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L63950 1. Entity Name UTOPIA CHALET, INC.	
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Principal Place of Business 4106 NW 16TH BLVD GAINESVILLE, FL 32605 US	Mailing Address 4106 NW 16 BLVD.. GAINESVILLE, FL 32605
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04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3010965	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 DOUGLAS, JERRY E. 2726 N.W. 54TH AVE. GAINESVILLE, FL 32653
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DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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	PTD DOUGLAS, GERALDINE F. 2726 NW 54TH AVE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD DOUGLAS, JERRY E 2726 NW 54TH AVE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEE, ROBYN K 3835 SW 6TH PL GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD LATSKO, PAMELA D. 3825 SW 6TH PLACE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>UP00000320953 04/21/05-80059-005 150.00</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 exemption stated in Section 119.07(3)(f), 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: Geraldine F Douglas 4/19/05 352-378-7059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #