

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2004
Secretary of State**

DOCUMENT# N01000005019

Entity Name: CHIROKEEPERS, INC.

Current Principal Place of Business:

421 CELEBRATION AVE.
CELEBRATION, FL 34747

New Principal Place of Business:

700 W. VINE STREET
SUITE 205
KISSIMMEE, FL 34741

Current Mailing Address:

P.O. BOX 66022
ST PETERSBURG, FL 33736

New Mailing Address:

700 W. VINE STREET
SUITE 205
KISSIMMEE, FL 34741

FEI Number: 27-0009039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LERNER, BEN DR.
421 CELEBRATION AVENUE
CELEBRATION, FL 34747

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOMAN, GREG
Address: 11905-C N TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: YOUNG, SONIA
Address: 3 W SOUTHRIDGE
City-St-Zip: WRIGHTSVILLE BEACH, NC 28480

Title: D (X) Delete
Name: CHEWPA, YURIS
Address: 1179 HUNT CLUB RD
City-St-Zip: OTTAWA, ONTARIO, CN K1V8SA

Title: D (X) Delete
Name: QUIRK, ED
Address: 1179 HUNT CLUB RD
City-St-Zip: OTTAWA, ONTARIO, CN K1V85A

Title: D (X) Delete
Name: BOLANI, TOMMY
Address: 10890 E DARSIMOURTH AVE # 6
City-St-Zip: AURORA, CO 80014

Title: D () Delete
Name: LERNER, BEN
Address: 700 W VINE ST
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCHIFFMAN, ROB
Address: 2105 SOUTH MIAMI STREET
City-St-Zip: SOUTH BEND, IN 46530

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN LERNER

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date