

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90154 024 ****70.00

DOCUMENT # N03000010109

1. Entity Name

CHOCOLATE STUDIOS INC



Principal Place of Business

404 N. ORANGE ST
PALM HARBOR FL 34683

Mailing Address

404 N. ORANGE ST
PALM HARBOR FL 34683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

258396 firm#

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

14020027



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

SKLAR, AMANDA
213 NORMANDY CIR E
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SKLAR, AMANDA	
STREET ADDRESS	213 NORMANDY CIR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	BK	<input type="checkbox"/> Delete
NAME	SANCHES, DUSTIN	
STREET ADDRESS	24 BAY ST	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SEAMEN, KENNETH	
STREET ADDRESS	213 NORMANDY CIRCLE EAST	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	D'AIELLO, JOHN	
STREET ADDRESS	213 NORMANDY CIRCLE EAST B	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	POULSEN, A'RHIAUNA	
STREET ADDRESS	1195 BASS AVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

4/20/04