

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010109

FILED
Apr 28, 2006
Secretary of State

Entity Name: CHOCOLATE STUDIOS INC

Current Principal Place of Business:

404 N. ORANGE ST
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

404 N. ORANGE ST
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 52-2415599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SKLAR, AMANDA
213 NORMANDY CIR E
PALM HARBOR, FL 34683 US

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: P () Delete
Name: SKLAR, AMANDA
Address: 213 NORMANDY CIR
City-St-Zip: PALM HARBOR, FL 34683

Title: VP () Delete
Name: SEAMEN, AMELIA
Address: 1195 BASS AVE
City-St-Zip: DUNEDIN, FL 34698

Title: TRES () Delete
Name: D'AIELLO, JOHN
Address: 213 NORMANDY CIRCLE EAST B
City-St-Zip: PALM HARBOR, FL 34683

Title: SEC () Delete
Name: POULSEN, A'RHIAUNA
Address: 1195 BASS AVE
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TRES (X) Change () Addition
Name: D'AIELLO, JOHN
Address: 213 NORMANDY CIRCLE EAST # B
City-St-Zip: PALM HARBOR, FL 34683

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 Chapter 119, 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: AMANDA SKLAR

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date