2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006154

Name:

Address:

City-St-Zip:

FILED May 07, 2007 Secretary of State

Entity Name: CHAMELEON MUSICIANS, INC. **Current Principal Place of Business: New Principal Place of Business:** 517 NE 13TH AVE FT LAUDERDALE, FL 33301 **Current Mailing Address: New Mailing Address:** 517 NE 13TH AVE FT LAUDERDALE, FL 33301 FEI Number: 86-1109841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: O'CONNOR, DENNIS J 9165 PARK DRIVE MIAMI SHORES, FL 33138, FL 33138 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PST () Change () Addition () Delete VAN ECK, IRIS Name: Name: Address: 517 NE 13TH AVE Address: City-St-Zip: FT LAUDERDALE, FL 33301 City-St-Zip: Title: Title: () Delete () Change () Addition Name: FREI, CAROL Name: Address: 39 CASTLE HARBOR ISLE Address: City-St-Zip: FT LAUDERDALE, FL 333086011 City-St-Zip: Title: () Delete Title: (X) Change () Addition DIAZ-LOWRY, MARIA Name: CHAMBERLIN, LYDIA Name: 250 PINE AVE Address: Address: 5348 NE 3RD AVENUE City-St-Zip: LAUDERDALE BY THE SEA, FL 33308 City-St-Zip: FORT LAUDERDALE, FL 33334 Title: () Delete Title: () Change (X) Addition

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

Name:

Address:

City-St-Zip:

CLARKE, ELEANOR 710 COUNTRY CLUB CIRCLE

PLANTATION, FL 33317

SIGNATURE: IRIS VAN ECK PST 05/07/2007