2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State
02-27-2007 90006 006 ****70.00

DOCUMENT # N39899

1. Entity Name

CHIUMBA ENSEMBLE, INC.

Principal Place of Business	Mailing Address
~~3216-A S.W. 26 TERRACE~~ ~~GAINESVILLE FL 32608~~ US	P. O. BOX 140932 GAINESVILLE FL 32614 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3310 SW 26 Way	
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc.
City & State Gainesville, FL.	City & State
Zip: 32608 Country: USA	Zip: Country:

4. FEI Number: 65-0207788 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~NGOZI, QUEENCHIKU~~ ~~3216-A S.W. 26 TERRACE~~ ~~GAINESVILLE FL 32608~~	Name: Queenchiku Ngozi Street Address (P.O. Box Number is Not Acceptable): 3310-A SW 26 WAY City: Gainesville **FL** Zip Code: 32608

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: Queenchiku Ngozi 2-14-07
Signature, type 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, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~DT~~ ~~NGOZI, QUEENCHIKU~~ ~~3216-A S.W. 26 TERRACE~~ ~~GAINESVILLE FL 32608~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DT Ngozi, Queenchiku 3310-A S.W. 26 WAY Gainesville, Fl. 32608	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D NGOZI, NGINZHA ~~3216-A S.W. 26 TERRACE~~ GAINESVILLE FL 32608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D NGOZI, NGINZHA 3310-A SW 26 WAY GAINESVILLE, Fl. 32608	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D SPEIGHT, CARL ~~3216-A S.W. 26 TERRACE~~ GAINESVILLE FL 32608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Speight, CARL 3310-A SW 26 WAY GAINESVILLE, FL. 32608	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~D~~ ~~DOUGLASS, SHAWN~~ ~~10960 SW 15 ST.~~ ~~PEMBROKE PINES FL 33025~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Rebecca Bargeron 311 Clark Street Starke, FL.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Betsy Miller 5620 NW 34 Street, Apt 6 Gainesville, Fl. 32653	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Queenchiku Ngozi, Executive Dir. 2/14/07 3526924978