

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90050 047 ****70.00

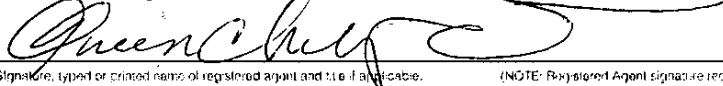
DOCUMENT # N39899			
1. Entity Name CHIUMBA ENSEMBLE, INC.			
Principal Place of Business 3310 SW 26 WAY STE A GAINESVILLE FL 32608 US		Mailing Address P. O. BOX 140932 GAINESVILLE FL 32614 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent NGOZI, QUEENCHIKU 3310 A SW 26 WAY GAINESVILLE FL 32608		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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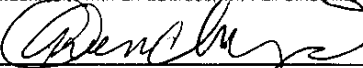
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/3/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NGOZI, QUEENCHIKU 3310 A SW 26 WAY GAINESVILLE FL 32608 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NGOZI, NGINZHA 3310 A SW 26 WAY GAINESVILLE FL 32608 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BURTON, Teonia. N. 6707 NE 27 AVE. GAINESVILLE, FL. 32609 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEIGHT, CARL 3310 A SW 26 WAY GAINESVILLE FL 32608 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARGERON, REBECCA 311 CLARK ST. STARKE FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Farrell, Melba D. 2605 SW 33 PL, Ste A Gainesville, FL. 32608 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, BETSY 5620 NW 34 ST. APT 6 GAINESVILLE FL 32653 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ngozi, Nginzha 3310 SW 26 Way, Ste A Gainesville, FL. 32608 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Murphy, Mia 2510 NE 9 Street, #709 Gainesville, FL. 32609 ☐ 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 D. Ngozi, Executive Dir.** DATE **4/3/08** **33269247**