2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N39899

Entity Name: CHIUMBA ENSEMBLE, INC.

Current Principal Place of Business:

3310 SW 26 WAY3
STE A
GAINESVILLE, FL 32608 US

New Principal Place of Business:

3310 SW 26 WAY
STE A
GAINESVILLE, FL 32608 US

Current Mailing Address:

P. O. BOX 140932
GAINESVILLE, FL 32614 US

New Mailing Address:

FEI Number: 65-0207788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NGOZI, QUEENCHIKU
3310 A SW 26 WAY
GAINESVILLE, FL 32608 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:	DT	( ) Delete
Name:	NGOZI, QUEENCHIKU	
Address:	3310 A SW 26 WAY	
City-St-Zip:	GAINESVILLE, FL 32608 US	
Title:	D	( ) Delete
Name:	MURPHY, MIA	
Address:	2510 NE 9TH ST # 709	
City-St-Zip:	GAINESVILLE, FL 32609 US	
Title:	D	( ) Delete
Name:	SPEIGHT, CARL	
Address:	3310 A SW 26 WAY	
City-St-Zip:	GAINESVILLE, FL 32608 US	
Title:	D	(X) Delete
Name:	NGOZI, NGINZHA	
Address:	3310 SW 26 WAY ST A	
City-St-Zip:	GAINESVILLE, FL 32608	
Title:	D	(X) Delete
Name:	FARRELL, MELBA D	
Address:	2605 SW 33 PL STE A	
City-St-Zip:	GAINESVILLE, FL 32608	
Title:	D	(X) Delete
Name:	BUATON, TEONIA N	
Address:	6707 NE 27 AVE	
City-St-Zip:	GAINESVILLE, FL 32609	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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.

SIGNATURE: QUEENCHIKU NGOZI DT 04/30/2009

Electronic Signature of Signing Officer or Director — Date