


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 19, 2007 08:00 AM
Secretary of State**

DOCUMENT # N94000004234 1. Entity Name THE B.R. CHAMBERLAIN FOUNDATION FOR PUBLIC ENRICHMENT, INC.	
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Principal Place of Business 2731 S MAGUIRE RD OCOE, FL 34761	Mailing Address 2731 S MAGUIRE RD OCOE, FL 34761
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3263469	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DUNEGAN, STEPHEN D 800 NORTH MAGNOLIA AVE SUITE 1500 ORLANDO, FL 32803	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENT, TRACY 3000 S JOHN YOUNG PARKWAY ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNEGAN, STEVEN D 800 N MAGNOLIA AVE STE 1500 ORLANDO, FL 32802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERLAIN, PETER L 2731 S MAGUIRE ROAD OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAIR, ALAN 4689 GATLIN OAKS LANE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, JAMES 1476 KELSO BLVD. WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMBLE, ED 4 EDENTON CT. OCOE, FL 34761

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01/22/07-80014-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PETER L CHAMBERLAIN

1-16-07 (407) 656-2252
Date Daytime Phone #