## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000105427

7805 LASALLE BLVD.

MIRAMAR, FL 33023

Address: City-St-Zip: FILED May 02, 2004 Secretary of State

**Entity Name: CHAMELEON CONSULTING CORPORATION Current Principal Place of Business:** New Principal Place of Business: 7805 LASALLE BLVD. 2561 S.W. 127TH WAY MIRAMAR, FL 33023 PEMBROKE PINES, FL 33024 **Current Mailing Address: New Mailing Address:** P.O. BOX 245936 7805 LASALLE BLVD PEMBROKE PINES, FL 33024 MIRAMAR, FL 33023 FEI Number: 65-1051204 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIXON, EDWARD JOHNSON, MARK 7805 LÁSALLE BLVD. P.O. BOX 245936 MIRAMAR, FL 33023 US PEMBROKE PINES, FL 33024 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: MARK JOHNSON 05/02/2004 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO ( ) Delete () Change () Addition DIXON, EDWARD L PRES Name: Name: 7805 LASALLE BLVD Address: Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: ( ) Delete Title: VPT Title: () Change () Addition Name: DIXON, SHARON Name: 7805 LASALLE BLVD Address: Address: MIRAMAR, FL 33023 City-St-Zip: City-St-Zip: Title: Title: SEC ( ) Delete () Change () Addition DIXON III, EDWARD L Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: SHARON DIXON CEO 05/02/2004