FILED 2005 FOR PROFIT CORPORATION Mar 02, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P01000024692 CHAPMAN ENTERPRISES OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 10601 US HWY 441 E4 10601 US HWY 441 E4 LEESBURG, FL 34788 LEESBURG, FL 34788 CR2E034 (10/03) 01282005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3705328 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHAPMAN, DAVID DO NOT WRITE 1812 MAINE COURT TAVARES, FL 32778 IN THIS SPACE 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 significant and little if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE U00000249282 NAME CHAPMAN, DAVID 03/02/05-80067-009 150.00 STREET ADDRESS 1812 MAINE COURT TAVARES, FL 32778 CITY-ST-ZIP TITLE NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOS

NAME STREET ADDRESS

2/27/05 352 7280738