


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90125 001 *1,500.00

DOCUMENT # P01000028479 1. Entity Name E & E CHAPMAN CORPORATION	
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Principal Place of Business 5140 SW 19TH STREET HOLLYWOOD, FL 33023	Mailing Address 5140 SW 19TH STREET HOLLYWOOD, FL 33023
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66015525



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1122709	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CHAPMAN, ELLIS SR. 5140 SW 19TH STREET HOLLYWOOD, FL 33023
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHAPMAN, ELLIS SR. 5140 SW 19TH STREET HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CHAPMAN, ESTELLA 5140 SW 19TH STREET HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 register 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 04/29/2005 Daytime Phone # _____