

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 17, 2007 8:00 am**  
**Secretary of State**

08-17-2007 90029 019 \*\*\*558.75

<b>DOCUMENT # P01000046715</b>					
<b>1. Entity Name</b> MARIANNE CHAPMAN, M.ED., P.A.					
<b>Principal Place of Business</b> 334 2RD AVE NORTH JACKSONVILLE BEACH, FL 32250			<b>Mailing Address</b> P.O. BOX 49224 JACKSONVILLE BEACH, FL 32240		
<b>2. Principal Place of Business - No P.O. Box #</b> 300 Sevilla Ave Suite, Apt. #, etc. #209		<b>3. Mailing Address</b> 23 Majorca Ave Suite, Apt. #, etc. #1			
<b>City &amp; State</b> Coral Gables, FL Zip 33134		<b>Country</b> USA		<b>4. FEI Number</b> 59-3719429	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> CHAPMAN, MARIANNE 1820 SEVILLE BLVD #207 ATLANTIC BCH, FL 32233			<b>7. Name and Address of New Registered Agent</b> Name: Marianne Chapman Street Address (P.O. Box Number is Not Acceptable): 23 Majorca Ave #1 City: Coral Gables FL Zip Code: 33134		
<b>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.</b> SIGNATURE:  (NOTE: Registered Agent signature required when reissuing) DATE:					
<b>FILE NOW!!! FEE IS \$350.00</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input checked="" type="checkbox"/> Delete CHAPMAN, MARIANNE 1820 SEVILLE BLVD #207 ATLANTIC BCH, FL 32233	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MARIANNE CHAPMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 23 Majorca Ave #1 Coral Gables, FL 33134		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>ST</b> <input checked="" type="checkbox"/> Delete HOFFMAN, KAREN C 800-C THIRD ST NEPTUNE BEACH, FL 32266	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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 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.</b>					
<b>SIGNATURE:</b> <span style="float: right;">2/9/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date</small></span>					