

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017697

Entity Name: CHROME DIVAS, INC.

FILED
Apr 06, 2006
Secretary of State

Current Principal Place of Business:

7889 MACLEAN RD.
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15228
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 04-3638822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHESTER, DAVID ESQ
ROSE, SUNDSTROM & BENTLEY, LLP
2548 BLAIRSTONE PINES DR.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BENTLEY, KRISTEN
Address: 7889 MACLEAN RD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP (X) Delete
Name: STAUFFER, CARLOTTA
Address: 8412 IVY BROOK LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: S () Delete
Name: MILLER, MARY REBECCA
Address: 1929 CHARLAIS
City-St-Zip: TALLAHASSEE, FL 32317

Title: T () Delete
Name: BROWN, RHONDA
Address: 3495 GARDENVIEW WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: OFF () Delete
Name: LUCE, CHRISTIE
Address: 1938 BUCKFIELD DR.
City-St-Zip: TALLAHASSEE, FL 32317

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: OFF () Change (X) Addition
Name: STAUFFER, CARLOTTA S
Address: 8412 IVY BROOK LANE
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: RHONDA M. BROWN

T

04/06/2006

Electronic Signature of Signing Officer or Director

Date