2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P02000116463

Entity Name: CHAPTER ONE INC.

Current Principal Place of Business:

2455 GOLDEN EAGLE DR
APOPKA, FL 32703

New Principal Place of Business:

28229 CR 33
LOT 72 W
LEESBURG, FL 34748 US

Current Mailing Address:

2455 GOLDEN EAGLE DR
APOPKA, FL 32703

New Mailing Address:

28229 CR 33
LOT 72 W
LEESBURG, FL 34748 US

FEI Number: 04-3720390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOUILLAUD, SHANNON
2455 GOLDEN EAGLE DR
APOPKA, FL 32703

Name and Address of New Registered Agent:

BOUILLAUD, SHANNON C
28229 CR 33
LOT 72 W
LEESBURG, FL 34748 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: SHANNON BOUILLAUD 04/28/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BOUILLAUD, SHANNON
Address: 2455 GOLDEN EAGLE DR
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete
Name: BOUILLAUD, FABRICE
Address: 2455 GOLDEN EAGLE DR
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BOUILLAUD, SHANNON C
Address: 28229 CR 33 LOT 72 W
City-St-Zip: LEESBURG, FL 34748

Title: D (X) Change ( ) Addition
Name: BOUILLAUD, FABRICE M
Address: 28229 CR 33 LOT 72 W
City-St-Zip: LEESBURG, FL 34748

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.

SIGNATURE: SHANNON BOUILLAUD D 04/28/2004
Electronic Signature of Signing Officer or Director Date