2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055244

Entity Name: 915 CHIPPEWA, INC.

FILED Jan 09, 2006 Secretary of State

Current Princip	pal Place of Business:	New Principal Place of Business

515 NORTH FLAGLER DRIVE SUITE 1900 2120 MILANO COURT

WEST PALM BEACH, FL 33401 PALM BEACH GARDENS, FL 33418

Current Mailing Address: New Mailing Address:

515 NORTH FLAGLER DRIVE SUITE 1900 2120 MILANO COURT

WEST PALM BEACH, FL 33401 PALM BEACH GARDENS, FL 33418

FEI Number: 55-0831951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARTENS, RICHARD L 515 NORTH FLAGLER DRIVE SUITE 1900 WEST PALM BEACH, FL 33401 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PRES
 () Delete
 Title:
 PRES
 (X) Change () Addition

 Name:
 MARTENS, LONNIE K PRES
 Name:
 MARTENS, LONNIE K PRES

 Address:
 114CASSILLY WAY
 Address:
 2120 MILANO COURT

City-St-Zip: JUPITER, FL 33458 City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP/S () Delete Title: VP/S (X) Change () Addition Name: MARTENS, LONNIE K VP/S Name: MARTENS, LONNIE K VP/S

Address: 114 CASSILLY WAY Address: 2120 MILANO COURT
City-St-Zip: JUPITER, FL 33458 City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: T () Delete Title: T (X) Change () Addition

Name: MARTENS, LONNIE K
Address: 114 CASSILLY WAY

MARTENS, LONNIE K
Address: 2120 MILANO COURT

City-St-Zip: JUPITER, FL 33458 City-St-Zip: PALM BEACH GARDENS, FL 33418

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: LONNIE MARTENS PRES 01/09/2006