


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000112176 1. Entity Name CHAMELEON PAINTING OF COLLIER, INC.	
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Principal Place of Business 760 HIDDEN HARBOUR DRIVE NAPLES FL 34109	Mailing Address 760 HIDDEN HARBOUR DRIVE NAPLES FL 34109
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 83-0403504
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**FAUSNAUGHT, WILLIAM
760 HIDDEN HARBOUR DRIVE
NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 resigning) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete	FAUSNAUGHT, WILLIAM 760 HIDDEN HARBOUR DRIVE NAPLES FL 34109
NAME	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS	<input type="checkbox"/> Delete	NAME
CITY - ST - ZIP	<input type="checkbox"/> Delete	STREET ADDRESS
TITLE	<input type="checkbox"/> Delete	CITY - ST - ZIP
NAME	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS	<input type="checkbox"/> Delete	NAME
CITY - ST - ZIP	<input type="checkbox"/> Delete	STREET ADDRESS
TITLE	<input type="checkbox"/> Delete	CITY - ST - ZIP
NAME	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS	<input type="checkbox"/> Delete	NAME
CITY - ST - ZIP	<input type="checkbox"/> Delete	STREET ADDRESS
TITLE	<input type="checkbox"/> Delete	CITY - ST - ZIP
NAME	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS	<input type="checkbox"/> Delete	NAME
CITY - ST - ZIP	<input type="checkbox"/> Delete	STREET ADDRESS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	_____
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	STREET ADDRESS
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	CITY - ST - ZIP
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	STREET ADDRESS
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	CITY - ST - ZIP
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	STREET ADDRESS

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05/09/06-80121-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: William Fausnaught 4/25/06 239-596-5292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #