## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000113017

Entity Name: CUDOMATIC ENTERDRISES

2033 OLEANDER PLACE

NEPTUNE BEACH, FL 32266

Address:

City-St-Zip:

FILED Apr 24, 2006 Secretary of State

Entity Name: CHROMATIC ENTERPRISES, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	ANDER PLAC E BEACH, FL				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ANDER PLAC BEACH, FL				
FEI Number	: 20-3338801	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	ANI, ADAM ANDER PLAC EBEACH, FL		MANTOVANI, ADAM P 2033 OLEANDER PLAC NEPTUNE BEACH, FL	CE	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: ADAM MANTOVANI				04/24/2006	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MANTOVANI, A 2033 OLEAND		Title: ( Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	HAYWARD, ĤA 2033 OLEAND		Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	GILDAR, LORE 2033 OLEAND		Title: ( Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name:	D ( NAOR, ARIEL	) Delete	Title: ( Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ADAM MANTOVANI D 04/24/2006