

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000113017

FILED
Mar 27, 2008
Secretary of State

Entity Name: CHROMATIC ENTERPRISES, INC.

Current Principal Place of Business:

331 N. 40TH ST.
PHILADELPHIA, PA 19104

New Principal Place of Business:

1207 MAYPORT LANDING DR
ATLANTIC BEACH, FL 32233

Current Mailing Address:

331 N 40TH ST
PHILADELPHIA, PA 19104

New Mailing Address:

1207 MAYPORT LANDING DR
ATLANTIC BEACH, FL 32233

FEI Number: 20-3338801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANTOVANI, ADAM P MR
331 N 40TH ST
PHILADELPHIA, FL 19104 US

Name and Address of New Registered Agent:

MANTOVANI, ADAM P MR
1207 MAYPORT LANDING DR
ATLANTIC BEACH, FL 32233 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:

03/27/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MANTOVANI, ADAM
Address: 331 N 40T ST
City-St-Zip: PHILADELPHIA, PA 19104

Title: D () Delete
Name: HAYWARD, HARRY
Address: 331 N. 40TH ST
City-St-Zip: PHILADELPHIA, PA 19104

Title: D (X) Delete
Name: GILDAR, LOREN
Address: 331 N. 40TH ST
City-St-Zip: PHILADELPHIA, PA 19104

Title: D (X) Delete
Name: NAOR, ARIEL
Address: 331 N 40TH ST
City-St-Zip: PHILADELPHIA, PA 19104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MANTOVANI, ADAM P MR
Address: 1207 MAYPORT LANDING DR
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D (X) Change () Addition
Name: HAYWARD, HARRY A MR
Address: 10119 CLIFF CIRCLE
City-St-Zip: TAMPA, FL 33612

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ADAM MANTOVANI

D

03/27/2008

Electronic Signature of Signing Officer or Director

Date