2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P06000101057

Entity Name: CHAIN REACTION BAND, INC.

Current Principal Place of Business:

2412 ABBY DR
SUITE 104
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

2412 ABBY DR
SUITE 104
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 20-5306353 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCNAB, NEVILLE
3364 KELSEY LANE
ST CLOUD, FL 34772 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: MCNAB, NEVILLE
Address: 3364 KELSEY LANE
City-St-Zip: ST CLOUD, FL 34772

Title: VP ( ) Delete
Name: WHITTAKER, MARLENE
Address: 4445 MAPLE TRACE TRAIL
City-St-Zip: KISSIMMEE, FL 34758

Title: T ( ) Delete
Name: HENRY, DEVON
Address: 2412 ABBY DR APT. 104
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: NEVILLE MCNAB P 04/30/2008

Electronic Signature of Signing Officer or Director — Date