

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000086202

Entity Name: CHAMELEON MMA, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

5285 SHAD ROAD, UNITS 309-311  
JACKSONVILLE, FL 32257

## New Principal Place of Business:

4700 NORTH PEARL STREET  
JACKSONVILLE, FL 32206

## Current Mailing Address:

5285 SHAD ROAD, UNITS 309-311  
JACKSONVILLE, FL 32257

## New Mailing Address:

FEI Number: 26-3441789

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, III, C. HOLT ESQ  
233 E. BAY STREET, STE. 930  
JACKSONVILLE, FL 32202 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: D ( ) Delete  
Name: GRAFENAUER, TODD  
Address: 2519 S. 76TH STREET  
City-St-Zip: MILWAUKEE, WI 53219

Title: D ( ) Delete  
Name: RAULERSON, BOBBY  
Address: 993 SHIPWATCH DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: MAYER, ANDREW  
Address: 11243 ST. JOHNS INDUSTRIAL PARKWAY S.  
City-St-Zip: JACKSONVILLE, FL 32246

## 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: ANDREW J. MAYER

D

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date