

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000093748

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** CHAMELEON DESIGN STUDIO INC

**Current Principal Place of Business:**

5250-B EAGLE TRAIL DRIVE  
TAMPA, FL 33634

**New Principal Place of Business:**

4907 N. FLORIDA AVE  
TAMPA, FL 33603

**Current Mailing Address:**

5250-B EAGLE TRAIL DRIVE  
TAMPA, FL 33634

**New Mailing Address:**

PO BOX 20311  
TAMPA, FL 33622

**FEI Number:** 27-1308848

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAWSON, CHRISTOPHER  
5250-B EAGLE TRAIL DRIVE  
TAMPA, FL 33634 US

**Name and Address of New Registered Agent:**

LAWSON, CHRISTOPHER  
4907 N. FLORIDA AVE  
TAMPA, FL 33603 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:

Electronic Signature of Registered Agent

02/24/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LAWSON, CHRISTOPHER  
Address: PO BOX 20311  
City-St-Zip: TAMPA, FL 33622

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER LAWSON

PRES

02/24/2011

Electronic Signature of Signing Officer or Director

Date