2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2004 8:00 am Secretary of State 02-26-2004 90011 021 ***150.00

2/.

DOCUMENT # P96000088766 1. Entity Name CONFUSED CHAMELEON, INC.							. 02-26-2004 90011 021 ***150.00					
Principal Place 11528 ANDY CAPTIVA, FL	ROSSE LAN	E US	Mailing Address POST OFFICE BOX 1000 CAPTIVA, FL 33924				6640617U			HTTD (1 12 B)		
2. Principal P	lace of Busine	?\$\$	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01262004	Chg-P	CR2E0	34 (10/03)	•		
City & State			City & State			4. FEI Number 65-0680303			Applied For Not Applicable			
Zip	Country		Zip	Coun	Country		5. Certificate of Status Desired Security Securi					
	6. Name	and Address of Current i	7. Name and Address of New Registered Agent									
LOMBARDO, CARMEN J						Dave Owens						
11528 AND CAPTIVA,	DY ROSSE		نه مهندی د پ اشد.	Street Address (P.O. Box Number is Not Acceptable) 645 Torpo Pay Koncl #5								
	. •		•	City (y Societal FL Zip.Code							
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8. 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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE ON STANLEY STAND CONSTANTINE STRATES 2/17/04 Signature, typed or printed harms of registered agent and title if applicable (NOTE: Registered Agent applicable) [NOTE: Registered Agent applicable of printed harms of registered agent and title if applicable (NOTE: Registered Agent applicable)												
The state of the s												
FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.												
10.	 	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
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12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if												
changed, or on an attachment with an address. with all other like empowered. SIGNATURE Onday the second of the se												
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