

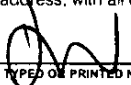


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90238 003 ***150.00

DOCUMENT # P98000004354 1. Entity Name CHAPS INVESTMENTS, INC.					
Principal Place of Business 9553 HARDING AVE SUITE 308 SURFSIDE, FL 33154 US			Mailing Address P O BOX 545867 SURFSIDE, FL 33154 US		
2. Principal Place of Business 260 Crandon Blvd		3. Mailing Address P.O. Box 1373			
Suite, Apt. #, etc. 8		Suite, Apt. #, etc. 8		04042006 Chg-P CR2E034 (11/05)	
City & State Key Biscayne, FL.		City & State Key Biscayne, FL.		4. FEI Number 65-0809107	
Zip 33149		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAUMBERGER, HANS 9553 HARDING AVENUE #308 SURFSIDE, FL 33154				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 260 Crandon Blvd #8 City Key Biscayne FL 33149	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMBERGER, HANS 9553 HARDING AVE #308 SURFSIDE, FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	260 CRANDON BLVD #8 KEY BISCAINE, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALTIRIBA, JUAN 9553 HARDING AVE #308 SURFSIDE, FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	260 CRANDON BLVD #8 KEY BISCAINE, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			HANS BAUMBERGER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 305 8678970 Daytime Phone #		