


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90082 008 ***150.00

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| DOCUMENT # P98000004354 |  |
| 1. Entity Name CHAPS INVESTMENTS, INC. | |

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| Principal Place of Business 260 CRANDON BLVD SUITE 8 KEY BISCAYNE, FL 33149 US | Mailing Address PO BOX 1373 KEY BISCAYNE, FL 33149 US |
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| 2. Principal Place of Business - No P.O. Box # 1401 Brickell Ave Suite, Apt. #, etc. 320 | 3. Mailing Address Suite, Apt. #, etc. |
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|---------------------------|--------------|
| City & State MIAMI, FL | City & State |
| Zip 33131 | Country |

401000000



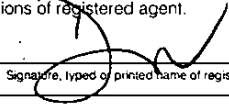
04302007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 65-0809107 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BAUMBERGER, HANS 260 CRANDON BLVD SUITE 8 KEY BISCAYNE, FL 33149 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1401 Brickell Ave #320 City MIAMI FL Zip Code 33131 | |
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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:  Hans Baumberger 4/26/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAUMBERGER, HANS 260 CRANDON BLVD SUITE 8 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P.O. Box 1373 Key Biscayne, FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ALTIRIBA, JUAN 260 CRANDON BLVD SUITE 8 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P.O. Box 1373 Key Biscayne, FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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| SIGNATURE:  Hans Baumberger 4/26/07 305 365 3673 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # |
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