2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 20, 2004 8:00 am Secretary of State DOCUMENT # P99000104832 01-20-2004 90074 005 ***158.75 NEW CHAPTER INVESTMENTS, INC. Principal Place of Business Mailing Address **U4000055** 6812 MIDNIGHT PASS RD 6812 MIDNIGHT PASS RD. SARASOTA, FL 34242 SARASOTA, FL 34242 2. Principal Place of Business 3. Mailing Address 718 BIRDSONG LANE 718 BIRDSONG LANE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01072004 Chg-P City & State 4. FEI Number Applied For City & State SAPASOTA PLOMIDA SARASOTA PLORIDA. 65-0969012 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 34242 V) SIA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, WILL Street Address (P.O. Box Number is Not Acceptable) 6812 MIDNIGHT PASS ROAD SARASOTA, FL 34242 718 BIRDSONG LANE SARA SOTA 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 age 1-12-04, SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition SMITH, WILL NAME NAME 718 BLEOSONG LANE STREET ADDRESS 6812 MIDNIGHT PASS ROAD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34242 CITY-ST-ZIP SARASOTA PL 34242 Change TITLE □ Detete TITLE ☐ Addition SMITH, DANIEL NAME NAME TIR BIRDSONG LANE STREET ADDRESS 6812 MIDNIGHT PASS RD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34242 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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

an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 1

WILL SMITH

FILED

1-12-04