2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					FILED				
DOCU 1. Entity Nan				Mar 24, 2005 08:00 AM Secretary of State					
CHAMELEON PRODUCTS, INC.						Secre	tary or	Stat	le
			1	2 32.5					
Principal Place of Business Mailing Address									
3711 DELAMERE CT PO BOX 608863 ORLANDO FL 32808 ORLANDO FL 32860-88									
US		ORLANDO FL 32860-8 US	0003						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt, #, etc.		Suite, Apt. #, etc.		· <u></u>	1st MOORE CR2E034 (10/04)				
City & State		City & State			4. FEI Numb	er 59-3067863		h	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		75 Add	itional
	6. Name and Address of Current	Registered Agent	<u></u>		7. Name and	Address of New Re		<u> </u>	
DITTO DODEDT									
PITTS, ROBERT 3711 DELAMERU CT			Street A	ddress (P.O. Box Numb	er is Not Acceptable)		
	ANDO FL 32808		<u> </u>						
			City				 1 7	ip Code	
The above named entity submits this statement for the purpose of changing its regis					·		F L.		
	e hamed entity submits this statement is tions of registered agent.	or the purpose of changing its	registered office or	r register	ed agent, or bo	oth, in the State of Floa	rida. I am famili	ar with,	and accept
CIONIATI IDE									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered Agent signatu	ure required	when reinstating)		DATE		
	ILE NOW!!! FEE IS \$150.00		9. Election Campai	ian Financina	\$5 (OO May Be			
After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						Trust Fund Cont			d to Fees
10.	OFFICERS AND	SOME TRANSPORTED	11.	1 1/4	ADDITIONS	CHANGES TO OFFI	CERS AND DIRE	CTORS	SIN 11
IIILE	PC	☐ Delete	Title	<u> </u>				Сћапде	Addition
NAME .	PITTS, ROBERT V		NAME.			Cladesadama			
STREET ADDRESS CHY-ST-ZIP	3711 DELAMERE CT ORLANDO FL 32808		STREET AUDRESS CITY-ST-ZIP		ĺ	900000274 13/24/05–800	865 39_811 10	:0 nn	
TITLE	P	☐ Delete	Tittle	ļ		our mire do a don		Shange	Addition
NAME	PITTS, ROBERT V.		NAME						
STREET ADDRESS CITY-ST-ZIP	3711 DELAMERE CT ORLANDO FL 32808		STREET ADDRESS CITY-ST-ZIP						
TITLE	ORLANDO FL 32000	Delete	TITLE					Change	☐ Addition
NAME		L. Delete	NAME				<u> </u>	vicalite	
SIREET ADDRESS			STREET ADDRESS						
CHY-ST-ZIP			CITY ST- ZIP						
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition Addition
STREET ADDRESS			STREET ADDRESS		•				
CITY-ST-ZIP			CITY-ST-ZIP			-			
TITLE		☐ Delete	THILE					Change	Addition Addition
NAME Street address			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition
name Street address			NAME SIDEET ADDRESS						
CITY-ST-ZIP			STREET ADDRESS CITY: ST- ZIP						
	partification that the information occupation could	this file and a set of the feather	• • • • • • • • • • • • • • • • • • •		-tion 110.07/2\	(D. Flacial - Obstance - L.	6 -414:6 - 41		£

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone I