2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113252

Entity Name: CHAPMAN COMMAND CENTER, INC.

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

902 CLINT MOORE RD. 901 CLINT MOORE RD. SUITE 941 STE 10 BOCA RATON, FL 33487 BOCA RATON, FL 33487

Current Mailing Address: New Mailing Address:

902 CLINT MOORE RD. 901 CLINT MOORE RD. STE 104 STE 941 BOCA RATON, FL 33487 BOCA RATON, FL 33487

FEI Number: 16-1636718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHAPMAN, ROBERT W CHAPMAN, ROBERT W 902 CLINT MOORE RD 901 CLINT MOORE RD **STE 104** STE 941 BOCA RATON, FL 33487 US BOCA RATON, FL 33487 US

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.

SIGNATURE: 04/24/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHAPMAN, ROBERT W CHAPMAN, ROBERT W Name: Name: 902 CLINT MOORE RD STE 104 901 CLINT MOORE RD STE 941 Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: BOCA RATON, FL 33487

Title: Title: (X) Change () Addition () Delete Name: CHAPMAN, ROBERT Name: HOBAN, MICHAEL P

902 CLINT MOORE RD STE 104 901 CLINT MOORE RD STE 941 Address: Address:

BOCA RATON, FL 33487 BOCA RATON, FL 33487 City-St-Zip: City-St-Zip:

() Delete Title: (X) Change () Addition Title: CHAPMAN, CLAUDETTE Name: CHAPMAN, CLAUDETTE Name:

902 CLINT MOORE ROAD 901 CLINT MOORE ROAD STE 941 Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. CHAPMAN С 04/24/2007