


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 06, 2006 08:00 AM
Secretary of State**

DOCUMENT # 513736
1. Entity Name
A&A CHARTER COMPANY



Principal Place of Business Mailing Address
**P.O. BOX 18
ISLAMORADA, FL 33036** **P.O. BOX 18
ISLAMORADA, FL 33036**

DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-1735497 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ADLER, ALEX, S
137 PLANTATION BLVD
ISLAMORADA, FL 33036**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADLER, ALEX S. 137 PLANTATION BLVD ISLAMORADA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ADLER, AMY, J 88500 OVERSEAS HWY TAVERNIER, FL 33070
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03/17/06-80031-008 150.00

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IN THIS SPACE**

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 filers empowered.

SIGNATURE: *Alex Adler* 2/25/06 305 852 508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #