


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 760112

1. Entity Name
CHARLOTTE TRADE CENTER ASSOCIATION, INC.



Principal Place of Business 1225 TAMiami TRAIL UNIT A-1 PORT CHARLOTTE, FL 33953 US	Mailing Address 1225 TAMiami TRAIL UNIT A-1 PORT CHARLOTTE, FL 33953 US
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03282006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2473472	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

**HANSEN, EDWIN M
1225 TAMiami TR, A-1
PORT CHARLOTTE, FL 33953**

**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 *Edwin M. Hansen* DATE 4/5/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

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	PD HANSEN, EDWIN M 1225 TAMiami TRAIL, A-1 PORT CHARLOTTE, FL 33953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WHALEY, KIPP 1225 TAMiami TRAIL B-20 PORT CHARLOTTE, FL 33953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VALENTI, VINCENT 1225 TAMiami TR A-2 PORT CHARLOTTE, FL 33953
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04/25/06-80042-019 61.25

**DO NOT WRITE
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 617, 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: *Edwin M. Hansen* DATE 4/5/06 DAYTIME PHONE # 941-627-9899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR