


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 A
Secretary of State

DOCUMENT # F97000002865
 1. Entity Name
 CHARLOTTE RUSSE, INC.



Principal Place of Business Mailing Address
 4645 MORENA BLVD 4645 MORENA BLVD
 SAN DIEGO, CA 92117 SAN DIEGO, CA 92117

DO NOT WRITE IN THIS SPACE



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 95-2960505	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

1100000403487
 02/08/06-80100-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEICHNER, BERNARD 4645 MORENA BLVD SAN DIEGO, CA 92117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KARP, ALAN 4645 MORENA BLVD SAN DIEGO, CA 92117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO CARTER, DANIEL T 4645 MORENA BLVD SAN DIEGO, CA 92117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOFFMAN, MARK A 4645 MORENA BLVD. SAN DIEGO, CA 92117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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, or in all other like empowered.

SIGNATURE: Daniel T. Carter Daniel T. Carter 1/28/06 858-490-2430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #