

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 06, 2005
Secretary of State**

DOCUMENT# N02000000647

Entity Name: CHARITIES INTERNATIONAL, INC.

Current Principal Place of Business:

201 RACQUET CLUB
S-403
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

PO BOX 550214
FT LAUDERDALE, FL 33355

New Mailing Address:

FEI Number: 04-3598953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDOFF, LARY D
201 RACQUET CLUB
S-403
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: HUDOFF, LARRY D
Address: 201 RACQUET CLUB S-403
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: BRUCE, MARY JANE
Address: 6 SPRING RADIAL
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: ADLER, SHARON
Address: 3008 BONAVENTURE CIRCLE
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: HUDOFF, LARRY D
Address: 201 RACQUET CLUB S-403
City-St-Zip: WESTON, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARY HUDOFF

PSTD

01/06/2005

Electronic Signature of Signing Officer or Director

_____ Date