

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079191

FILED
Jan 11, 2005
Secretary of State

Entity Name: CHARTED COURSES ENTERPRISES, INC.

Current Principal Place of Business:

500 N. CONGRESS AVENUE
SUITE B-304
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

1920 W CLINTON STREET
TAMPA, FL 33604 US

Current Mailing Address:

500 N. CONGRESS AVENUE
SUITE B-304
DELRAY BEACH, FL 33445 US

New Mailing Address:

P. O. BOX 23264
TAMPA, FL 33623 US

FEI Number: 55-0786826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, KEITH
3535 FIRST AVE. NORTH
ST. PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

FOLCIK, PETER
204 N MACDILL AVENUE
TAMPA, FL 33609 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: PETER FOLCIK

01/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARR, WANDA
Address: 500 N. CONGRESS AVENUE, # B-304
City-St-Zip: DELRAY BEACH, FL 33445

Title: VPCF () Delete
Name: BARR, BERNARDA
Address: 1920 W. CLINTON STREET
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BARR, WANDA F
Address: 1920 W CLINTON STREET
City-St-Zip: TAMPA, FL 33604

Title: VPCF (X) Change () Addition
Name: BARR, BERNARDA
Address: 1920 W CLINTON STREET
City-St-Zip: TAMPA, FL 33604

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA F. BARR

D

01/11/2005

Electronic Signature of Signing Officer or Director

Date