2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000093703

Entity Name: AMY CHARLES, INC.

City-St-Zip:

LAKE MARY, FL 32746

FILED Aug 06, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 725 PRIMERA BLVD, SUITE 145 LAKE MARY, FL 32746 **Current Mailing Address: New Mailing Address:** 725 PRIMERA BLVD, SUITE 145 LAKE MARY, FL 32746 FEI Number: 05-0604347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TURNER, AMY A 725 PRIMERA BLVD, SUITE 145 LAKE MARY, FL 32746 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DCS () Delete () Change () Addition TURNER, CHARLES B Name: Name: 725 PRIMERA BLVD, SUITE 145 Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: () Delete Title: DVT Title: () Change () Addition Name: TURNER, AMY A Name: 725 PRIMERA BLVD, SUITE 145 Address: Address: LAKE MARY, FL 32746 City-St-Zip: City-St-Zip: Title: Title: FVP () Delete () Change () Addition RIFFLE, REBECCA Name: Name: 725 PRIMERA BLVD, SUITE 145 Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: Title: () Delete Title: () Change () Addition TURNER, MARK R Name: Name: 725 PRIMERA BLVD, SUITE 145 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: CHARLES B. TURNER DCS 08/06/2008