

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32740

FILED
May 04, 2005
Secretary of State

Entity Name: AMERICA'S CHARITIES, INC.

Current Principal Place of Business:

14150 NEWBROOK DRIVE
SUITE 110
CHANTILLY, VA 20151 US

New Principal Place of Business:

Current Mailing Address:

14150 NEWBROOK DRIVE
SUITE 110
CHANTILLY, VA 20151 US

New Mailing Address:

FEI Number: 54-1517707 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: C () Delete
Name: WILDEROTTER, PETER
Address: ONE CENTER ST
City-St-Zip: NEW YORK, NY 10007

Title: VC () Delete
Name: PINTTSTON, VICKI
Address: 1101 15TH ST, STE 900
City-St-Zip: WASHINGTON, DC 200050000

Title: S () Delete
Name: FEINERMAN, LEON
Address: 4550 LENA DRIVE
City-St-Zip: MECHANICSBURG, PA 17055

Title: T () Delete
Name: BULLARD, MARCIA L
Address: USA WEEKEND-7950 JONES BRANCH DR
City-St-Zip: MC LEAN, VA 22107

Title: PCEO () Delete
Name: SODO, DON
Address: 14150 NEWBROOK DRIVE, SUITE 110
City-St-Zip: CHANTILLY, VA 20151

Title: VCEO () Delete
Name: SWOPE, ARNOLD
Address: 14150 NEWBROOK DR, STE 110
City-St-Zip: CHANTILLY, VA 20151

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: FEINERMAN, LEON
Address: 4550 LENA DR.
City-St-Zip: MCHANICSBURG, PA 17055

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

Title: S (X) Change () Addition
Name: GORDON, JAMES
Address: 134 S. 13TH ST
City-St-Zip: LINCOLN, NE 68501

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

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: DON SODO

_____ Electronic Signature of Signing Officer or Director

MR.

05/04/2005

_____ Date