2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 443615

FILED Jan 12, 2008 Secretary of State

Entity Name: CHARLIE BROWN ENTERPRISES, INC.					
Current Principal Place of Business:			New Princ	ipal Place of Business:	
8801 SOUT MIAMI, FL	THWEST 116T 33176	H STREET			
Current Mailing Address:			New Mailing Address:		
8801 SOUTHWEST 116TH STREET MIAMI, FL 33176					
FEI Number:	59-1594595	FEI Number Applied For () FEI	l Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name				Address of New Registered Agent:	
CHARLES 8801 S.W. MIAMI, FL	116 ST. 33176 US	ubmits this statement for the purpo	se of changing it	s registered office or registered agent, or both,	
in the State of Florida.					
SIGNATURE: Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () BROWN, CHARL 8801 S.W. 116 S MIAMI, FL	•	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition BROWN, CHARLES L., 8801 S.W. 116 STREET MIAMI, FL 33176	
Title: Name: Address: City-St-Zip:	VD () I WARNER, CARC 8800 S.W. 114 T MIAMI, FL		Title: Name: Address: City-St-Zip:	VD (X) Change () Addition ASGHEDOM, BERHANE, 20955 N.W. MIAMI COURT MIAMI, FL 33169	
Title: Name: Address: City-St-Zip:	SD () BROWN,DELOR 8801 S.W. 116 S MIAMI, FL		Title: Name: Address: City-St-Zip:	SD (X) Change () Addition WARNER, CAROL BROWN, 8800 S.W. 114 TERRACE MIAMI, FL 33176	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition ARNSPIGER, CHARLES M, . 8801 S.W. 116 STREET MIAMI, FL 33176	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition ARNSPIGER, MICHAEL A, . 8761 S.W. 133 STREET MIAMI, FL 33176	

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.

SIGNATURE: BROWN, CHARLES L. PD 01/12/2008