


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 29, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # 520202 |  |
| 1. Entity Name CHARMATT, INC. | |

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| Principal Place of Business 1524 FORMOSA AVENUE WINTER PARK, FL 32789-2329 | Mailing Address 1524 FORMOSA AVENUE WINTER PARK, FL 32789-2329 |
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02102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-1706012 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent PETREE, ROBERT G. BORNSTEIN & PETREE, P.A. 501 N. MAGNOLIA AVENUE, SUITE A ORLANDO, FL 32801 |
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000137625 04/29/04-80049-002 158.75 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HOUSTON, CHARLES 110 LITTLE OAK LANE ALTAMONTE SPRGS, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HOUSTON, CRAIG 1251 TALL PINES DRIVE APOPKA, FL 32712 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 limited powerholder to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit, with all other like empowered.

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|--|---------------------|--------------------------------|
| SIGNATURE:  | 4-27-04 | 407/645-0029 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |