2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State
05-03-2005 90077 011 ***150.00

66020194

04262005 Chg-P CR2E034 (10/03)

DOCUMENT # F04000005868

1. Entity Name
DAVID CHARLES GROUP, INC.

Principal Place of Business	Mailing Address
950 S. PINE ISLAND ROAD, SUITE A-150 PLANTATION, FL 33324	950 S. PINE ISLAND ROAD, SUITE A-150 PLANTATION, FL 33324

2. Principal Place of Business	3. Mailing Address
9042 STATE ROAD 84	9042 STATE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE FL	City & State: DAVIE, FL.
Zip: 33324 Country: BROWARD	Zip: 33324 Country: BROWARD

4. FEI Number 20-1148780 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GIRARD, MARD
950 S. PINE ISLAND ROAD, SUITE A-150
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name GIRARD MARC
Street Address (P.O. Box Number is Not Acceptable) 9042 STATE ROAD 84
DAVIE, FL.
City DAVIE FL Zip Code 33324

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] 4/26/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP GIRARD, MARC 950 S. PINE ISLAND ROAD, SUITE A-150 PLANTATION, FL 33324	☐ Delete	CP MARC GIRARD 9042 STATE ROAD 84 DAVIE, FL. 33324	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RENAUD, STEPHAN 950 S. PINE ISLAND ROAD, SUITE A-150 PLANTATION, FL 33324	☐ Delete	S RENAUD, STEPHAN 9042 STATE ROAD 84 DAVIE FL. 33324	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 trustee empowered 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 address, with all other like empowered.

SIGNATURE: [signature] 4/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #