


2007 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000001194 1. Entity Name CHARITABLE RESOURCE PROPERTIES, INC.	
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Principal Place of Business 2684 S. ARBOR DR MARIETTA GA 30066	Mailing Address 2684 S. ARBOR DR MARIETTA GA 30066
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 58-2236915	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent POWELL, RICHARD H 92 EGLIN PKWY NE FT WALTON BEACH FL 32548	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS													
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">CP PEARSON, CECIL R JR 2684 S. ARBOR DR MARIETTA GA 30066</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>ST PEARSON, PAMELA K 2684 S. ARBOR DR MARIETTA GA 30066</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	CP PEARSON, CECIL R JR 2684 S. ARBOR DR MARIETTA GA 30066	<input type="checkbox"/> Delete	ST PEARSON, PAMELA K 2684 S. ARBOR DR MARIETTA GA 30066	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11											
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Cecil R. Pearson, Jr. **CECIL R. PEARSON, JR.** 4-28-07 770-924-0457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #