2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G61111

MARX, DAWN

21224 BASSETT AVE.

PORT CHARLOTTE, FL 33952

Name:

Address:

City-St-Zip:

Entity Name: CHARLOTTE VENTURE GROUP INC

FILED Feb 02, 2006 Secretary of State

			TORE ORGOT, INC	•					
Current Principal Place of Business:				New Princ	New Principal Place of Business:				
UNIT A	JLSON DRIVE ARLOTTE, FL	33954	US						
	ailing Addres			New Maili	New Mailing Address:				
UNIT A	JLSON DRIVE ARLOTTE, FL	33954	US						
FEI Number:	59-2326212	FEI Nur	nber Applied For()	FEI Number Not Appl	icable ()	Certific	ate of Status De	esired ()	
Name and	Address of C	urrent F	Registered Agent:	Name and	Name and Address of New Registered Agent:				
	BAN LANE ARLOTTE, FL		US	purpose of changing i	ts rogistore	nd office or	rogistorod ag	ont or both	
	of Florida.	subillits t	ilis statement for the	purpose of changing i	is registere	ed Office Of 1	registered agr	ent, or both,	
SIGNATUR	RE:								
	Electron	ic Signat	ture of Registered Ag	gent			Date		
Election Car	npaign Financing	Trust Fu	nd Contribution ().						
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	PS () AQUILA, DAVID 155 MORGAN L PORT CHARLO	ANE	3952	Title: Name: Address: City-St-Zip:		() Change	() Addition		
Title: Name: Address: City-St-Zip:	D () AQUILA, DAVID 155 MORGAN L PORT CHARLO	ANE	3952	Title: Name: Address: City-St-Zip:		() Change	() Addition		
Title: Name: Address: City-St-Zip:	VPT () MARX, DAWN 21224 BASSET PORT CHARLO		3952	Title: Name: Address: City-St-Zip:	VPT MARX, DAV 21224 BAS PORT CHA				
Title:	D ()	Delete		Title:	D	(X) Change	() Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

MARX, DAWN M

21224 BASSETT AVE.

PORT CHARLOTTE, FL 33952

SIGNATURE: DAWN M. MARX VPT 02/02/2006