


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90031 012 \*\*\*150.00

<b>DOCUMENT # K69193</b>	
1. Entity Name <b>NIELSEN CHARTERS, INC.</b>	

Principal Place of Business <b>NIEL C. NIELSEN III P.O. BOX 697 ISLAMORADA, FL 33036</b>	Mailing Address <b>NIEL C. NIELSEN III P.O. BOX 697 ISLAMORADA, FL 33036</b>
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**50001015**



2. Principal Place of Business - No P.O. Box # <b>82929 Old Hwy</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Islamorada FL</b>	City & State
Zip <b>33036</b>	Country <b>USA</b>

01162007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0113236</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>NIELSON, CYNTHIA 82929 OLD HWY ISLAMORADA, FL 33036</b>	7. Name and Address of New Registered Agent Name <b>CYNTHIA NIELSEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>82929 OLD HWY</b> City <b>ISLAMORADA FL</b> Zip Code <b>33036</b>
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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 *Cynthia Nielsen* **Cynthia Nielsen** 1/16/07  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIELSEN, NIEL C. III P.O. BOX 697 ISLAMORADA, FL 33036 <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIELSEN, CYNTHIA TOTH P.O. BOX 697 ISLAMORADA, FL 33036 <input type="checkbox"/> Delete	<p><i>Note</i> Same registered agent, last name was misspelled.</p>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Cynthia T Nielsen* **Cynthia T Nielsen** 1/16/07 305 664-9214  
Signature and typed or printed name of signing officer or director Date Daytime Phone #