

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K69193

Entity Name: NIELSEN CHARTERS, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

82929 OLD HWY
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

NIEL C. NIELSEN III
P.O. BOX 697
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 65-0113236 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEILSEN, CYNTHIA
82929 OLD HWY
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NIELSEN, NIEL C. III
Address: P.O. BOX 697
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: NIELSEN, CYNTHIA TOTH
Address: P.O. BOX 697
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: CYNTHIA TOTH NIELSEN

V/P

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date