


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000001517	
1. Entity Name CHARLES SCHULTZ PRODUCTIONS INC.	

Principal Place of Business 1350 RIVER REACH DR #201 FT LAUDERDALE FL 33315	Mailing Address 1350 RIVER REACH DR #201 FT LAUDERDALE FL 33315
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

MINNICK, BRUCE A 2874 REMINGTON GREEN CIR TALLAHASSEE FL 32308

4. FEI Number 65-1004356	Applied For <input type="checkbox"/> Not Applied
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHULTZ, CHARLES C 1350 RIVER BEACH DRIVE, #201 FORT LAUDERDALE FL 33315	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ON record	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MINNICK, BRUCE A 2874 REMINGTON GREEN CIRCLE TALLAHASSEE FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ON record	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BORTON, CHAPPE 1519 YATE DRIVE HOLLYWOOD FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ON record	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALEXANDER, CECIL LEO 1402 SE 54TH AVENUE FORT LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ON record	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GORDON, KENNAN D.D.S. 1519 YATE DRIVE HOLLYWOOD FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ON record	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add

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 617, 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: Charles Schultz Charles Schultz **01-24-06 954-540-719**