2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002415

FILED May 08, 2006 Secretary of State

Entity Name: KEEP CHARLOTTE BEAUTIFUL, INC.

Current Principal Place of Business:		New Principal Place of Business:	
	RBOR VIEW RD.,SUITE 2 ARLOTTE, FL 33980		
Current Mailing Address:		New Mailing Address:	
	RBOR VIEW RD., SUITE 2 ARLOTTE, FL 33980		
	: 01-0588554 FEI Number Applied For() FEI ce with s. 607.193(2)(b), F.S., the corporation did not recei	Number Not App ve the prior notic	
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:
	URIE JBBARD AVE. ARLOTTE, FL 33952 US		
The above in the State	named entity submits this statement for the purpose of Florida.	se of changing i	its registered office or registered agent, or both,
SIGNATUI			
	Electronic Signature of Registered Agent		Date
OFFICER	S AND DIRECTORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	PD () Delete CASE, LAURIE 21261 HUBBARD AVE. PORT CHARLOTTE, FL 33952	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	STD () Delete DOYLE, MELISSA 530 TORRINGTON ST. PORT CHARLOTTE, FL 33954	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete HARDER, MARY 26300 AIRPORT RD. PORT CHARLOTTE, FL 33950	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete JIROUT, JUDY P.O. BOX EL JOBEAN, FL 33927	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete KULA, BARBARA 20175 RUTHERFORD DR. PORT CHARLOTTE, FL 33952	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	D () Delete WEIKEL, VALERIE 25550 HARBOR VIEW RD., SUITE 3	Title: Name: Address:	D (X) Change () Addition KECKEN, JERRY 3274 DAYTONA DRIVE

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE CASE PD 05/08/2006