2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006785

Entity Name: CHARGER GOLF BOOSTERS, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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712 US HIGHWAY ONE, #210 4521 PGA BOULEVARD

NORTH PALM BEACH, FL 33408 PMB #315

PALM BEACH GARDENS, FL 33418

Current Mailing Address: New Mailing Address:

712 US HIGHWAY ONE, #210 4521 PGA BOULEVARD

NORTH PALM BEACH, FL 33408 PMB #315

PALM BEACH GARDENS, FL 334018

FEI Number: 20-1341173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMYTH, PAUL F FONTAINE, JEFFREY P 712 US HIGHWAY ONE, #210 FONTAINE, JEFFREY P 4521 PGA BOULEVARD

NORTH PALM BEACH, FL 33408 US PMB #315

PALM BEACH GARDENS, FL 33408 US

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: JEFFREY P. FONTAINE 05/01/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 SMYTH, PAUL F
 Name:

 Address:
 712 US HIGHWAY ONE, #210
 Address:

 City-St-Zip:
 NORTH PALM BEACH, FL 33408
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 FONTAINE, JEFF
 Name:

 Address:
 430 KELSEY PARK DRIVE
 Address:

 City-St-Zip:
 PALM BEACH GARDENS, FL 33410
 City-St-Zip:

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: JEFFREY P. FONTAINE T 05/01/2006