2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000007243

Entity Name: CHARLESTON SOUTH, INC.

The FILED Apr 14, 2009
Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1084 6TH AVE N 3311 WOOD THRUSH DRIVE NAPLES, FL 34102 PUNTA GORDA, FL 33950

Current Mailing Address: New Mailing Address:

1084 6TH AVE N C/O 2421 SHREVE STREET, STE 115 NAPLES, FL 34102 PUNTA GORDA, FL 33950

FEI Number: 20-8708592 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WOOD, DOUGLAS A

1084 6TH AVE N

NAPLES, FL 34102 US

BENNETT, DOROTHY M

2421 SHREVE STREET, STE 115

PUNTA GORDA, FL 33950 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: DOROTHY M. BENNETT, CAM 04/14/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DV
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 MCDANIEL, LARRY
 Name:
 MCDANIEL, LARRY

 Address:
 16 WIDOWS WATCH COURT
 Address:
 16 WIDOWS WATCH COURT

 City-St-Zip:
 OCEAN PINES, MD 21811
 City-St-Zip:
 OCEAN PINES, MD 21811

Title: DP () Delete Title: VPTD (X) Change () Addition Name: CABRAL, TIM Name: ATKINSON, DWIGHT Address: 692 PINE CT Address: 3311 WOOD THRUSH DRIVE #111

 Address:
 692 PINE CT
 Address:
 3311 WOOD THRUSH DRIVE #111

 City-St-Zip:
 NAPLES, FL 34102
 City-St-Zip:
 PUNTA GORDA, FL 33950

Title: DST () Delete Title: SD (X) Change () Addition Name: ATKINSON, DWIGHT Name: VARGAS, SONIA

Address: 266 MATTAPLEX PLANTATION LN Address: 3311 WOOD THRUSH DRIVE #116
City-St-Zip: STEVENSVILLE, MD 21666 City-St-Zip: PUNTA GORDA, FL 33950

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

SIGNATURE: DOROTHY M. BENNETT CAM 04/14/2009