

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N06000003073

Entity Name: CHAART, INC.

Current Principal Place of Business:

1911 LAKE PLATT LANE
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

1911 LAKE PLATT LANE
TAMPA, FL 33618

New Mailing Address:

FEI Number: 20-5179007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAFFORD, STU
1515 DALE MABRY HIGHWAY
SUITE 102
TAMPA, FL 33548 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARMSTRONG, BILL
Address: 1911 LAKE PLATT LANE
City-St-Zip: TAMPA, FL 33618

Title: D, P () Delete
Name: ALUISY, RAQUEL
Address: 1911 LAKE PLATT LANE
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: MARY JO, MARUCA
Address: PO BOX 341843
City-St-Zip: TAMPA, FL 33694

Title: D () Delete
Name: BERHOW, GREG
Address: 721 SANDY CREEK DRIVE
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: LAWRY, VICKI
Address: 116 HICKORY CREEK DR
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: WILLIAM, SHELTON
Address: PO BOX 341843
City-St-Zip: TAMPA, FL 33694

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WESTPHAL, LARA
Address: 1911 LAKE PLATT LANE
City-St-Zip: TAMPA, FL 33618

Title: D, P (X) Change () Addition
Name: ALUISY, RAQUEL
Address: 1911 LAKE PLATT LANE
City-St-Zip: TAMPA, FL 33618

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

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

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

SIGNATURE: RAQUEL ALUISY

P, D

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date