N08000006567

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 SEP 18 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/04/07 61522 001 #70.00

DOCUMENT # N08000006567

1. Entity Name
CHARITY EVENTS, INC.

Principal Place of Business	Mailing Address
PMB #146 819 PEACOCK PLAZA KEY WEST, FL 33040	PMB #146 819 PEACOCK PLAZA KEY WEST, FL 33040

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3437 Riverland Rd	3437 Riverland Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale FL	City & State: Ft. Lauderdale FL
Zip: 33312 Country: Broward	Zip: 33312 Country: Broward

07142008 Chg-NP CR2E037 (12/06)

4. FEI Number: 20-5794280 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD, #221E PALM BEACH GARDENS, FL 33410	Name: TAX TEAM INC Street Address (P.O. Box Number is Not Acceptable): 8569 Pines Blvd SK 214 City: Pembroke Pines FL Zip Code: 33024

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: [signature] DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIKE, STEVEN ~~PMB #146, 819 PEACOCK PLAZA~~ ~~KEY WEST, FL 33040~~	☐ Delete	TITLE D STEVEN, PIKE 1824 FLAGLER AVE # STE 155 KEY WEST, FL 33040	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THORNTON, STEVEN PMB #146, 819 PEACOCK PLAZA KEY WEST, FL 33040	☒ Delete	TITLE D SHIRLEE HILLER 2925 PATERSON AVE. KEY WEST, FL 33040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PADDEN, JOSEPH PMB #146, 819 PEACOCK PLAZA KEY WEST, FL 33040	☒ Delete	TITLE D THADDEUS STOCKI 1000 St Charles Place #409 Pembroke Pines FL 33026	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D MARIANNE STOCKI 1000 St Charles Place #409 Pembroke Pines FL 33026	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D JEANNE TINDEL 1213 14TH ST #3 KEY WEST, FL 33040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] 8/29/08

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #