

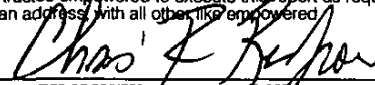


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90197 038 ****61.25

DOCUMENT # N96000002211							
1. Entity Name CHARITY WORKS, INC.							
Principal Place of Business 915 CHESTNUT STREET CLEARWATER, FL 33756 US			Mailing Address 915 CHESTNUT STREET CLEARWATER, FL 33756 US				
2. Principal Place of Business - No P.O. Box # 635 COURT STREET Suite, Apt. #, etc. 130		3. Mailing Address 635 COURT STREET Suite, Apt. #, etc. 130					
City & State CLEARWATER, FL		City & State CLEARWATER		04242007 Chg-NP CR2E037 (12/06)			
Zip 33756		Country US		4. FEI Number 59-3384413			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
RENFROW, CHRIS R 22 WINSTON DR BELLEAIR, FL 33756			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 DP	NAME RENFROW, CHRIS R		<input type="checkbox"/> Delete	TITLE DS	NAME HAGUE, CAROLA		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 22 WINSTON DR	CITY - ST - ZIP BELLEAIR, FL 33756			STREET ADDRESS 24 BISHOP CREEK	CITY - ST - ZIP SAFETY HARBOR, FL 34695		
TITLE DS	NAME RENFROW, JEANETTE G		<input type="checkbox"/> Delete	TITLE DIRECTOR	NAME RENFROW, JEANETTE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 22 WINSTON DR	CITY - ST - ZIP BELLEAIR, FL 33756			STREET ADDRESS 22 WINSTON DR	CITY - ST - ZIP BELLEAIR, FL 33756		
TITLE D	NAME ROBINSON, MARY G		<input type="checkbox"/> Delete	TITLE (Blank)	NAME (Blank)		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 416 BELL ISLE AVE	CITY - ST - ZIP BELLEAIR BEACH, FL 33786			STREET ADDRESS (Blank)	CITY - ST - ZIP (Blank)		
TITLE DC	NAME COLLEGE, LORI A		<input type="checkbox"/> Delete	TITLE (Blank)	NAME (Blank)		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2880 CHELSEA PLACE NORTH	CITY - ST - ZIP CLEARWATER, FL 33759			STREET ADDRESS (Blank)	CITY - ST - ZIP (Blank)		
TITLE DV	NAME RICE, EVERETT S		<input type="checkbox"/> Delete	TITLE (Blank)	NAME (Blank)		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12504 LAGOON AVE.	CITY - ST - ZIP TREASURE ISLAND, FL 33706			STREET ADDRESS (Blank)	CITY - ST - ZIP (Blank)		
TITLE DT	NAME KINDT, MICHAEL D		<input type="checkbox"/> Delete	TITLE (Blank)	NAME (Blank)		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5912 CACHETTE DE RIVIERA CT	CITY - ST - ZIP NEW PORT RICHEY, FL 34655			STREET ADDRESS (Blank)	CITY - ST - ZIP (Blank)		
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: 				Date: 4/25/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							