


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000065113 1. Entity Name CHARGED INVESTMENTS INC.	
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Principal Place of Business 4675 ANGLERS AVE FORT LAUDERDALE, FL 33312 US	Mailing Address 4675 ANGLERS AVE FORT LAUDERDALE, FL 33312 US
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04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1033263	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GARELLEK, STEVEN 700 S FEDERAL HWY STE 200 BOCA RATON, FL 33432

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEJOHN, GREGORY C 4675 ANGLERS AVE FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEJOHN, GUY V 4675 ANGLERS AVE FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YEARY, MIKE 1530 NW 26 AVE POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:  **4/28/05 9549614222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #