2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

| ANNUAL REPORT (AR) | | | | | FILED | |
|--|---|---|--|-------------------|--|--|
| DOCUMENT # P00000070785 • | | | | | Jan 22, 2007 08:00 AN Secretary of State | |
| CHARTE | R FINANCIAL, INC. | | 100 | | secretary or state | |
| - | ce of Business | Mailing Address | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| 1221 ROGERS STREET SUITE B | | 2921 SUMMIT DRIVE ESCONDIDO CA 92025 | | | | |
| CLEARWATER FL 33756. | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suito, Apt. #, otc. | | | 1st MOORE CR2E034 (10/06) | |
| City & State | | City & State | | | 4. FEI Number 59-3660495 Applied For Not Applicable | |
| Ζιp | Country | Zip | Country | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | |
| | 6. Name and Address of Current | t Registered Agent | Name | | 7. Name and Address of New Registered Agent | |
| | LEY, MYRON G 21 ROGERS STREET | | Street | Address (P. | O. Box Number is Not Acceptable) | |
| SUI | TE B | | | | | |
| CLE | EARWATER FL 33756 | | City | | FL Zip Code | |
| | named entity submits this statement folions of registered agent | or the purpose of changing its | registered office | or registered | d agent, or both, in the State of Florida. I am familiar with, and accept | |
| | and of registerior agent | | | | • | |
| SIGNATURE | Signature, typed or printed name of registered agen | Land tille r applicable (NOT | E. Registered Agant signi | alure required wi | then reinstating) DATE | |
| | ILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.00 | , | | | 9. Election Campaign Financing \$5.00 May Be | |
| | k Payable to Florida Department of | | | | Trust Fund Contribution. Added to Fees | |
| 10. | OFFICERS AND | ·· · | 11. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TI][[NAM[| MARSH, EDWARD E | ☐ Delete | HITE NAME | | U00000598125 Change Addition | |
| STREET ADDRESS | 2921 SUMMIT DR | | STREET ADDRESS | | 01/24/07-80065-002 158.75 | |
| CITY+ST-7IP | ESCONDIDO CA 92025 | | CDY+ST-ZIP | | | |
| nami | CFO KATHY, MARSH | Detele | TITUE NAME. | | ☐ Change ☐ Addition | |
| STREET ADORESS | 2921 SUMMIT DRIVE | | SIRFF LADDRESS | | | |
| CHY-SI-ZIP | ESCONDIDO CA 92025 | | CHY+St+ZIP | ļ | | |
| THRE | | ☐ Delete | THIE | | Change Addition | |
| NAME SEREET ADDRESS | | | NAME ADDRESS | | | |
| CHY-SI-ZIP | | | STRLET ADDRESS CITY: SE-71P | | | |
| DHE | | ☐ Delete | THE | | ☐ Change ☐ Addition | |
| NAME. | | | NAML | | | |
| STREET ADDRESS City - St - Zip | | | STREET ADDRESS CHY-ST-ZIP | | | |
| IIIII | | ☐ Delete | THILE | | ☐ Change ☐ Addinon | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | | |
| CITY-S1-7IP | | | CHY-SI-ZIP | | | |
| INIT | | ☐ Delete | TIME | - | ☐ Change ☐ Addition | |
| NAMI: | | | NAME | | | |
| STREET ADDRESS CITY-ST-ZIP | | | SINEFF ADDRESS City St-7ip | | | |
| | certify that the information supplied wi | th this filing does not qualify | | | in Section 119, Florida Statutos, I further certify that the information | |
| | , were the anomination supplied wi | are and minigraces not quality | ior are evenibrenis | - Jonanica (| as decision in the more destruction in the control of the material and the control of the contro | |

12. Thereby certify that the information supplied with this fling does not qualify for the exemptions contained in Sociion 119, Florida Statutes. I further certify that he information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal offect 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 all other like empowered.

SIGNATURE:

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Decider Priore 4