


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # P01000101946 1. Entity Name TOPLESS CHARTERS, INC.	
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Principal Place of Business 11380 PROSPERTIY FARMS RD, SUITE 204 PALM BEACH GARDENS, FL 33410	Mailing Address 11380 PROSPERTIY FARMS RD, SUITE 204 PALM BEACH GARDENS, FL 33410
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DO NOT WRITE IN THIS SPACE



02232007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1158006	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GABRIEL, SAM J
11380 PROSPERTIY FARMS RD, SUITE 204
PALM BEACH GARDENS, FL 33410

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IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GABRIEL, BRIAN P 11380 PROSPERTIY FARMS RD, SUITE 204 PALM BEACH GARDENS, FL 33410
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03/14/07-80008-025 150.00

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 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 empowers.

SIGNATURE: *[Signature]* 3/2/07 *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #