2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# P01000101946

Entity Name: TOPLESS CHARTERS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

2463 BAY CIRCLE
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

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

New Mailing Address:

2463 BAY CIRCLE
PALM BEACH GARDENS, FL 33410

FEI Number: 65-1158006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GABRIEL, BRIAN P
Address: 11380 PROSPERTIY FARMS RD, SUITE 204
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GABRIEL, BRIAN P
Address: 2463 BAY CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN GABRIEL PRES 02/05/2009

Electronic Signature of Signing Officer or Director — Date