

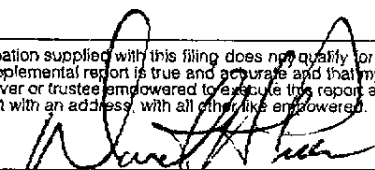


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000108935</b>		
1. Entity Name <b>BONIN CHARTERS, INC.</b>		
Principal Place of Business <b>1601 OCEAN DR. SOUTH #606 JACKSONVILLE BCH, FL 32250</b>		Mailing Address <b>1601 OCEAN DR. SOUTH #606 JACKSONVILLE BCH, FL 32250</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 02212006 No Chg-P CRZE034 (11/05)
4. FEI Number <b>59-3755749</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>PEEK, DAVID H 1301 RIVERPLACE BLVD #1609 JACKSONVILLE, FL 32207</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONIN, JAN P 1601 OCEAN DR, SOUTH #606 JACKSONVILLE BCH, FL 32250	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEEK, DAVID H 1301 RIVERPLACE BLVD., STE 1609 JACKSONVILLE, FL 32207	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>DO NOT WRITE IN THIS SPACE</b>  1000000446418 03/08/06-80012-018 150.00  <b>2/22/2006 904-399-1609</b> <small>Date Daytime Phone</small>