

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT.**

**FILED**  
**Jul 28, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90005 009 \*\*\*150.00

<b>DOCUMENT # P01000115343</b> 1. Entity Name CHARITY SUPPORT SERVICE, INC.					
Principal Place of Business <del>630B WEST 15B</del> DAYTONA BEACH, FL 32114 <b>536 B West 15B</b>			Mailing Address <del>530B WEST 15B</del> DAYTONA BEACH, FL 32114 <b>536 B West 15B</b>		
2. Principal Place of Business <b>536 B West 15B</b> Suite, Apt. #, etc.		3. Mailing Address <b>536 B West 15B</b> Suite, Apt. #, etc.			
City & State <b>Daytona Beach, FL.</b> Zip <b>32114</b>		City & State <b>Daytona Beach, FL.</b> Zip <b>32114</b>		4. FEI Number 26-0029888	
Country <b>Volusia</b>		Country <b>Volusia</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				07152005    Chg-P    CR2E034 (10/03)	
6. Name and Address of Current Registered Agent O'DANIEL, RICHARD T 6139 JASMINE VINE DR. PORT ORANGE, FL 32128					
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____					
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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete O'DANIEL, RICHARD T 6139 JASMINE VINE DR. PORT ORANGE, FL 32128		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Richard T. O'Daniel</i> <b>Richard T. O'Daniel</b> <b>7/26/05</b> <b>(386)</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><b>527-8876</b> <small>Daytime Phone #</small></span>					

**50058342**

