

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90098 009 \*\*\*150.00

**DOCUMENT # P02000029797**


1. Entity Name  
**CHARLOTTE PREFERRED MANAGEMENT SERVICES INC**



Principal Place of Business      Mailing Address  
**3191-B HARBOR BLVD**      **3191-B HARBOR BLVD**  
**PORT CHARLOTTE, FL 33952**      **PORT CHARLOTTE, FL 33952**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Su **950 Tamiami Trail**      St **950 Tamiami Trail**  
**STE 101**      **STE 101**  
Ci **Pt. Charlotte, FL 33953**      Ci **Pt. Charlotte, FL 33953**  
Zi      Zi



04122007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**75-3031612**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DUNN, CAROL J**  
**3191-B HARBOR BLVD**  
**PORT CHARLOTTE, FL 33952**

7. Name and Address of New Registered Agent

Name      **950 Tamiami Trail**  
Street Addr      **STE 101**  
City      **Pt. Charlotte, FL 33953**  
**FL**      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: *Carol J. D.*      DATE: 4-18-07

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST</b> <b>DUNN, CAROL J</b> <b>3191-B HARBOR BLVD</b> <b>PORT CHARLOTTE, FL 33952</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>950 Tamiami Trail</b> <b>STE 101</b> <b>Pt. Charlotte, FL 33953</b> <input checked="" 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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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: *Carol J. D.*      DATE: 4-18-07      DAYTIME PHONE: 941-629-8886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #