


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90031 014 ***150.00

DOCUMENT # P02000036845		
1. Entity Name OPTIONS CHARTERS, INC.		
Principal Place of Business 2031 DELANCEY PLACE PHILADELPHIA, PA 19103		Mailing Address 2031 DELANCEY PLACE PHILADELPHIA, PA 19103
DO NOT WRITE IN THIS SPACE		
		 08092006 No Chg-P CR2E034 (11/05)
4. FEI Number 47-0870153		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MELCHIORRE, PAUL 3200 OCEAN DRIVE, BLDG 2, STE 2209 FORT LAUDERDALE, FL 33308		DO NOT WRITE 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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELCHIORRE, PAUL L 2229 SO. JUNIPER STREET PHILADELPHIA, PA 19148	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOM COLLINS PERMITS 9129 FREMONT AVE 300 W. TROTTENHAM AVENUE MARGATE, NJ 08402	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8/15/2006 Date 2152072070 Daytime Phone #