2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# P02000091716

Entity Name: CHARLOTTE HARBOR PROPERTIES, INC.

Current Principal Place of Business:

318 TAMIAMI TRAIL
SUITE 18
PUNTA GORDA, FL 33950

New Principal Place of Business:

1625 WEST MARION AVENUE
SUITE 3
PUNTA GORDA, FL 33950

Current Mailing Address:

P. O. BOX 510640
PUNTA GORDA, FL 33951

New Mailing Address:

FEI Number: 50-0006141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POSTLE, SUSAN T
175 KINGS HIGHWAY
#6C7
PUNTA GORDA, FL, FL 33983 US

Name and Address of New Registered Agent:

POSTLE, SUSAN T
P.O. BOX 510640
PUNTA GORDA,, FL 33951 US

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: 04/12/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: POSTLE, SUSAN T
Address: P.O. BOX510640
City-St-Zip: PUNTA GORDA, FL 33951

Title: DIR ( ) Delete
Name: POSTLE, SUSAN T
Address: P.O. BOX 510640
City-St-Zip: PUNTA GORDA, FL 33951

Title: SECT ( ) Delete
Name: POSTLE, SUSAN T
Address: P.O. BOX 510640
City-St-Zip: PUNTA GORDA, FL 33951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: POSTLE, SUSAN T
Address: P.O. BOX 510640
City-St-Zip: PUNTA GORDA, FL 33951

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN T. POSTLE P 04/12/2005
Electronic Signature of Signing Officer or Director — Date