FILED Feb 26, 2007 8:00 am Secretary of State

Daytime Phone #

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SIGNATURE AND TYPED OR PRINTED NAME OF S

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02-26-2007 90054 029 ***150 00 DOCUMENT # P02000095769 1. Entity Name CHARLIE CORP. OF SOUTHWEST FLORIDA 40023696 Principal Place of Business Mailing Address PO BOX 171 PO BOX 171 FT MYERS BEACH, FL 33931 FT MYERS BEACH, FL 33931 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1205-171 ESTEVO 13-LVD 205-17 IESTERO BLVO 01032007 CR2E034 (12/06) Chg-P 4. FEI Number Applied For 22-3875575 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent RAZZANO, PAULINE Street Address (P.O. Box Number is Not Acceptable) 7205 ESTERO BLVD FT MYERS BEACH, FL 33931 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reigstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change . ☐ Addition RAZZANO, FRANK NAME NAME 7005-171 ESTERO 8440 STREET ADDRESS 7205 ESTERO BLVD. STREET ADDRESS IBS BOOCH, FL CITY-ST-ZIP FT MYERS BEACH, FL 33931 CITY-ST-ZIP DPT TITLE ☐ Delete TITLE Change Addition RAZZANO, PAULINE NAME NAME STREET ADDRESS 7205 ESTERO BLVD. STREET ADDRESS CITY-ST-ZIP FT MYERS BEACH, FL 33931 CITY-ST-ZIP THIE ☐ Delete TULE Change Addition LARROW, PAUL NAME 3501 DEL PRADO BLVD. STE 312 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33904 CITY-ST-ZIP TITLE ☐ Delete DILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE Delete THLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 or an attachment with an address, with all other like empowered.