2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2006 08:00 AN Secretary of State

ANNUAL REPORT			_ red u9, zuud ua:uu F
DOCUMENT # P030000711 1. Enlity Name CHARLIE'S LOCKER, INC.	86		Secretary of State
Principal Place of Business 1865 CORDOVA RD FT. LAUDERDALE, FL 33316	Mailing Address 1865 CORDOVA RD FT. LAUDERDALE, FL 33316	, a	
DO NOT WRITE	IN THIS SPA	CE	01252006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For
		· · · · · · · · · · · · · · · · · · ·	05-0575752 Not Applicable 5. Certificate of Status Desired □ \$8.75 Additional Fee Required
6. Name and Address of Current Re BIRER, DOUGLAS K 1865 CORDOVA RD FT. LAUDERDALE, FL 33316	gistered Agent		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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) PATE 9. Election Campaign Financing After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.			
10. OFFICERS AND DI TITLE NAME BIRER, DOUGLAS K STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33316 TITLE NAME STREET ADDRESS CITY-ST-ZIP	RECTORS		U00000427097 02/20/06-80068-019 150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE
ITILE MAME STREET ADDRESS CITY ST ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with the	is filing albes not qualify for the ex-	emplions contained	T in Chapter 119, Florida Statules, I further certify that the information

Thereby berrily that the information supplied with rhis filling goes not quality for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is tiple and fast must make any that my signature shall have the same legal effect as if made under oath; that I am officer or director of the corporation or the receiver or trustee empowered thereby the linis 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 analysis, with all order like empowered.

DONGLAS K. BIREAR

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21106

954-523-3350

Daylime Phone #