## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000074889

Entity Name: CHARLOTTE CONSULTING, INC.

8951 BONITA BEACH RD., SUITE 525

BONITA SPRINGS, FL 34135

Address:

City-St-Zip:

FILED May 01, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8951 BONITA BEACH RD., SUITE 525 PMB 420 BONITA SPRINGS, FL 34135 **New Mailing Address: Current Mailing Address:** 8951 BONITA BEACH RD., SUITE 525 PMB 420 BONITA SPRINGS, FL 34135 FEI Number: 35-2208818 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RITTEREISER, TOM 195 VINTAGE CIRCLE **UNIT 204** NAPLES, FL 34119 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition RITTEREISER, TOM Name: Name: 195 VINTAGE CIRCLE, UNIT 204 Address: Address: City-St-Zip: NAPLES, FL 34119 US City-St-Zip: Title: Title: () Change () Addition () Delete Name: DAVIS. TODD WILLIAM 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: TOM RITTEREISER PS 05/01/2005