2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 08, 2006 8:00 am Secretary of State DOCUMENT # P04000037956 03-08-2006 90188 010 ***150.00 LUCKY CHARM ENTERPRISE, INC. Principal Place of Business Mailing Address 50001447 CHANGE TO 70 CHANGE KARRY HANNAH 17040 PRIMAVERA CIRCLE CAPE CORAL FL 33909 KARRY HANNAH 17040 PRIMAVERA CIRCLE CAPE CORAL FL 33909 No Chg-P CR2E034 (11/05) 02012006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0795856 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HANNAH KARRY DO NOT WRITE 5211 POCATELLA COURT CAPE CORAL, FL 33904 KARRY HANNAH 7040 PRIMAVERA CIRCLE CAPE CORAL FL 33909 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS TITLE NAME HANNAH, KARRY STREET ADDRESS **5211 POCATELLA COURT** CITY-ST-ZIP CAPE CORAL, FL 33904 HANNAH, KARRY NAME STREET ADDRESS **5211 POCATELLA COURT** CITY-ST-ZIP CAPE CORAL, FL 33904 SEC TITLE NÀME HANNAH, KARRY STREET ADDRESS 5211 POCATELLA COURT DO NOT WRITE CITY-ST-ZIP CAPE CORAL, FL 33904 IN THIS SPACE HANNAH, KARRY NAME STREET ADDRESS 5211 POCATELLA COURT CITY-ST-ZIP CAPE CORAL, FL 33904 TITEF NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

HANNAN

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

FILED