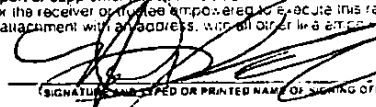


FILED
Jun 19, 2006 8:00 am
Secretary of State

05-16-2006 90020 006 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000104093			
1. Entity Name CHARLOTTE SHORES REALTY INC.			
Principal Place of Business 4127 CONWAY BLVD. PORT CHARLOTTE, FL 33952 US		Mailing Address P.O. BOX 1595 JENSEN BEACH, FL 34958 US	
2. Principal Place of Business 9322 S. US HIGHWAY 1 Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 1595 Suite, Apt. #, etc.	
City & State PORT ST. LUCIE		City & State JENSEN BEACH	
Zip 34952	Country USA	Zip 34958 Country USA	
4. FEI Number 20-1360265		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KAISHER, EDWARD W P.O. BOX 1595 JENSEN BEACH, FL 34958		7. Name and Address of New Registered Agent Last Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 or director, officer, or authorized representative of the corporation.			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME KAISHER, EDWARD W STREET ADDRESS P.O. BOX 1595 CITY, ST, ZIP JENSEN BEACH, FL 34958	☐ Delete	NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
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NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing 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 line entries.			
SIGNATURE: 		EDWARD KAISHER (president)	
(SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		Date	

66019672



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