

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000161390

FILED
Feb 26, 2007
Secretary of State

Entity Name: CHARTER BENEFIT GROUP, INC.

Current Principal Place of Business:

1832-A NORTH UNIVERSITY DR.
PLANTATION, FL 33322 US

New Principal Place of Business:

1812 NORTH UNIVERSITY DR.
PLANTATION, FL 33322 US

Current Mailing Address:

1832-A NORTH UNIVERSITY DR.
PLANTATION, FL 33322 US

New Mailing Address:

1812 NORTH UNIVERSITY DR.
PLANTATION, FL 33322 US

FEI Number: 20-1905462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORGAN, MAX
1900 NW CORPORATE BLVD
SUITE 200 EAST
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

MORGAN, MAX
1812 NORTH UNIVERSITY DR.
PLANTATION, FL 33322 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: MAX MORGAN

02/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORGAN, MAX
Address: 1900 NW CORPORATE BLVD STE 200 EAST
City-St-Zip: BOCA RATON, FL 33431 US

Title: VP () Delete
Name: IBRAHIM, YUSSEF
Address: 1900 NW CORPORATE BLVD STE 200 EAST
City-St-Zip: BOCA RATON, FL 33431 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORGAN, MAX
Address: 1812 NORTH UNIVERSITY DR.
City-St-Zip: PLANTATION, FL 33322 US

Title: VP (X) Change () Addition
Name: IBRAHIM, YUSSEF
Address: 1812 NORTH UNIVERSITY DR.
City-St-Zip: PLANTATION, FL 33322 US

Title: D () Change (X) Addition
Name: ECELBARGER, INA B
Address: 1812 N. UNIVERSITY DR.
City-St-Zip: PLANTATION, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MAX MORGAN

P

02/26/2007

Electronic Signature of Signing Officer or Director

Date