
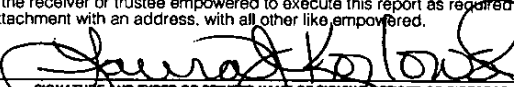


FILED
Apr 18, 2005 8:00 am
Secretary of State

50037977

DOCUMENT # P04000162321						Secretary of State 04-18-2005 90331 024 ***150.00					
1. Entity Name DONUT HOLE OF CHARLOTTE INC.											
Principal Place of Business 4212 N ACCESS ROAD UNIT I ENGLEWOOD, FL 34224				Mailing Address 4212 N ACCESS ROAD UNIT I ENGLEWOOD, FL 34224				50037977			
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04132005 Chg-P CR2E034 (10/03)			
City & State				City & State				4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
KOZLOWSKI, LAURA 4212 N ACCESS ROAD UNIT I ENGLEWOOD, FL 34224						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
						City				FL	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		D <input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		KOZLOWSKI, LAURA				NAME					
STREET ADDRESS		4212 N ACCESS ROAD UNIT I				STREET ADDRESS					
CITY - ST - ZIP		ENGLEWOOD, FL 34224				CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						NAME					
STREET ADDRESS						STREET ADDRESS					
CITY - ST - ZIP						CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						NAME					
STREET ADDRESS						STREET ADDRESS					
CITY - ST - ZIP						CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						NAME					
STREET ADDRESS						STREET ADDRESS					
CITY - ST - ZIP						CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						NAME					
STREET ADDRESS						STREET ADDRESS					
CITY - ST - ZIP						CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify 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 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.											
SIGNATURE:  LAURA J. KOZLOWSKI 941-473034 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/13/05 Daytime Phone #											