

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000084274

FILED
Jun 23, 2006
Secretary of State

Entity Name: CHARTER SOLUTIONS INTERNATIONAL, INC.

Current Principal Place of Business:

6087 SEMINOLE GARDENS CIRCLE
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

Current Mailing Address:

6087 SEMINOLE GARDENS CIRCLE
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

FEI Number: 20-2992976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRET, NICOLE L
6087 SEMINOLE GARDENS CIRCLE
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

WARNER & ASSOCIATES CPA
1897 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33409 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: WARNER & ASSOCIATES CPA

06/23/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D, P () Delete
Name: LAYMAN, LOIS C
Address: 6087 SEMINOLE GARDENS CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: D, S () Delete
Name: BRET, NICOLE L
Address: 6007 SEMINOLE GARDENS CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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 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: NICOLE BRET

P

06/23/2006

Electronic Signature of Signing Officer or Director

Date