2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000104074

Entity Name: A CHARTER WORLD, INC.

HESTER, NANCY D.

6932 CINDERELLA RD.

JACKSONVILLE, FL 32210

Name:

Address:

City-St-Zip:

FILED Apr 03, 2009 Secretary of State

| • | | | | | | |
|---|---|---------------------------------|---|---|-------|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | | |
| | DERELLA RD. VILLE, FL 32 | 210 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | | |
| 6932 CINDERELLA RD. JACKSONVILLE, FL 32210 | | | P.O. BOX 14953 JACKSONVILLE, FL 32238 | | | |
| FEI Number: | : 59-2490150 | FEI Number Applied For () | FEI Number Not App | licable () Certificate of Status Desired (| () | |
| Name and | Address of | Current Registered Agent: | Name and Address of New Registered Agent: | | | |
| JACKSON The above | WK CREST P VILLE, FL 32 | 258 US | purpose of changing | ts registered office or registered agent, or | both, | |
| SIGNATUR | | | | | | |
| SIGNATOR | | nic Signature of Registered A | gent | Date | | |
| Election Car | npaign Financir | ng Trust Fund Contribution (). | | | | |
| OFFICERS | S AND DIREC | CTORS: | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | | |
| Title: Name: Address: City-St-Zip: | DP (HESTER, JAM 6932 CINDER JACKSONVILI | ELLA RD. | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | DV (O'NEILL, FRAI 9909 APPLE \ CHARLOTTE, | ALLEY CT. | Title: Name: Address: City-St-Zip: | DV (X) Change () Addition O'NEILL, FRANK E. JR. 9805 WHITE CASCADE DRIVE CHARLOTTE, NC 28269 | | |
| Title: Name: Address: City-St-Zip: | HESTER, LING | CREST PLACE | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: | DT (|) Delete | Title: | () Change () Addition | | |

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES H. HESTER PRES 04/03/2009