2008 FOR PROFIT CORPORATION

FILED Apr 09, 2008 08:00 A Secretary of State

ANNUAL REPORT								
DOCUMENT # P0600 1. Entity Name CHARGE INC								
Principal Place of Business	Mailing Address							
924 E. NEW HAVEN AVENUE	924 E. NEW HAVEN AVENUE							
105	105							
MELBOURNE, FL 32901	MELBOURNE, FL 32901							
·								

924 E. NEW 105 MELBOURNE	- · · · · · · · · · · · · · · · · · · ·	924 E. NEW HAVEN AVENUE 105 Melbourne, Fl 32901						
DO NOT WRITE IN THIS SPACE		CE	04052008 No Chg-P CR2E034 (11/05) 4. FFI Number Applied For					
		_	4. FEI Number 59-3581067				Not Applicable	
			5. Certificate of Status Desired See Require					
	6. Name and Address of Current Regi	stered Agent				-	· · · · · · · ·	
105	D, SUSAN W HAVEN AVENUE RNE, FL 32901				NOT WI HIS SP			,
	named entity submits this statement for the ions of registered agent.	purpose of changing its registers	I ed office or regis	tered agent, or both	n, in the State of Flori	ida. I am f	amiliar wi	ith, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent agneture required when reinstating).								
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.		5.00 May Be dded to Fees	{Conjunction	ein, e ^{gy} , e ^g g g rg	: -ı	
10.	OFFICERS AND DIRE	CTORS			- 19666 04/21/08	-8003! -8003!	ia 51]†4	150 80
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONDERKO, SUSAN 924 E. NEW HAVEN AVENUE, S-105 MELBOURNE, FL 32901	;					·	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ONDERKO, SUSAN 924 E. NEW HAVEN AVENUE, S-105 MELBOURNE, FL 32901							!
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	=	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN T	HIS SP	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
NAME STREET ADDRESS CITY+ST-ZIP	equity that the information applied with this							

I hereby certify that the information supplied with this filling 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 empowers 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:

nder SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date