## FILED May 02, 2007 8:00 am Secretary of State

2007	<b>FOR</b>	<b>PROFIT</b>	r corpora	<b>NOIT</b>
	Α	NNUAL	REPORT	

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DOCUMENT # P06000139408  1. Entity Name CHARM, INC.							007 90071 017	***150.00
Principal Place	e of Ausiness	Mailing Address			ADD	99360		
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242007 Chg-P CR2E034 (12/06)				
City & State		City & State		4. FEI Number 20-	 5833261		Applied For Not Applicable	
Zip Country		Zip	Zip Country			f Status Desired	\$8.75	Additional
			1				Fee Rec	uired
~~~~~~	6. Name and Address of Current	Registered Agent			-7. Name and	Address of New R	legistered Agent_	
DATTANIA	CHACKEDA NETAANEE			Name				
	SUNGNERN, NETMANEE 5 TERRACE		-	Street Address	(P.O. Box Number	is Not Acceptable	e)	
	IDERDALE, FL 33312							
7 0111 210	DE(18) (CE, 1 E 000 / E							
			-	City			<b>■</b> Zio	Code
				Oity			FL Zip	
	named entity submits this statement for	or the purpose of changing it	s registered	doffice or registe	ered agent, or both	, in the State of Flo	orida. Fam familiar s	with, and accept
tile obligati	ions of registered agent.							
SIGNATURE_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered A	Agent signature require	ed when reinstating)		DATE	j
		0.51	<b>r</b> *					İ
FiL	ENOW!!! FEE IS \$150.00	9. Election Campa  Trust Fund Con	_		5.00 May Be ded to Fees			ļ
	y 1, 2007 Fee will be \$550.	00   110311 3110 001	iii ibution.	_ Au	ded to rees			ĺ
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Netmanee Rattanasungnern, Pres. 4/26/07 651-4455 SIGNATURE: \_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #