2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000049516

5499 N.W. 27TH PLACE

OCALA, FL 34482

Address: City-St-Zip:

Entity Name: CHARTALK, PA

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5499 N.W. 27TH PLACE OCALA, FL 34482 **Current Mailing Address: New Mailing Address:** 5499 N.W. 27TH PLACE OCALA, FL 34482 FEI Number: 26-2634121 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRYE, CHARLOTTE 5499 N.W. 27TH PLACE OCALA, FL 34482 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FRYE, CHARLOTTE MA Name: Name: 5499 N.W. 27TH PLACE Address: Address: City-St-Zip: OCALA, FL 34482 City-St-Zip: () Delete Title: VΡ Title: () Change () Addition FRYE, TOM PH.D. Name: Name: 5499 N.W. 27TH PLACE Address: Address: OCALA, FL 34482 City-St-Zip: City-St-Zip: Title: Title: CIO () Delete () Change () Addition FRYE, JOSHUA Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: CHARLOTTE FRYE P 04/14/2009