


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90043 050 \*\*\*150.00

<b>DOCUMENT # P92000009413</b>	
1. Entity Name <b>CHARLES S. WOLFE &amp; ASSOCIATES, INC.</b>	

Principal Place of Business <b>64 CARPENTERS RIDGE CINCINNATI, OH 45241 US</b>	Mailing Address <b>64 CARPENTERS RIDGE CINCINNATI, OH 45241 US</b>
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**DO NOT WRITE IN THIS SPACE**



01202007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0380974</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**HARRIS, LINDA  
600 NE 36TH ST.  
APT. 1523  
MIAMI, FL 33137**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Charles Wolfe President* DATE: 1/27/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P WOLFE, CHARLES 64 CARPENTERS RIDGE CINCINNATI, OH 45241</b>
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12. I hereby certify that the information supplied with this filing 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 empowered 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: *Charles Wolfe President* DATE: 1/23/07 DAYTIME PHONE #: 513-984-1330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR