


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 05, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P94000042952</b> 1. Entity Name <b>CHARLIE'S PRODUCTS, INC.</b>	
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02242007 No Chg-P CR2E034 (11/05)

Principal Place of Business <b>2573 SE PERUGIA STREET PORT SAINT LUCIE, FL 34952</b>	Mailing Address <b>P O BOX 671 STUART, FL 34995 US</b>
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**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0502005</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BROWN, DONALD D  
2573 PERUGIA STREET  
PORT SAINT LUCIE, FL 34952**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000654363

03/13/07-80058-021 150.00

**10. OFFICERS AND DIRECTORS**

**DO NOT WRITE  
IN THIS SPACE**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, DONALD D 2573 SE PERUGIA ST PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS BROWN, BARBARA J 2573 SE PERUGIA ST PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/01/07**

Date

**772-398-8427**

Daytime Phone #