2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# P95000010071

Entity Name: CHARLES E. THORPE, INC.

Current Principal Place of Business:

304 LAKE DOE BLVD.
APOPKA, FL 32703 US

New Principal Place of Business:

1490 FALCONWOOD CT
APOPKA, FL 32712 US

Current Mailing Address:

304 LAKE DOE BLVD.
APOPKA, FL 32703 US

New Mailing Address:

P.O. BOX 1705
APOPKA, FL 32704 US

FEI Number: 59-3263749 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THORPE, CHARLES E
304 LAKE DOE BLVD.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

THORPE, CHARLES E
1490 FALCONWOOD CT
APOPKA, FL 32712 US

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: _____ 07/05/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: THORPE, CHARLES E
Address: 304 LAKE DOE BLVD.
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: THORPE, CHARLES E
Address: 1490 FALCONWOOD CT
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: CHARLES E THORPE PRES 07/05/2006
Electronic Signature of Signing Officer or Director — Date