## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000059241

Address:

City-St-Zip:

P.O. BOX 1533

WEST PALM BEACH, FL 334021533

Entity Name: ROBINSON CHARLES GROUP, INC.

FILED Mar 11, 2005 Secretary of State

•		<b>,</b>			
Current P	rincipal Place	e of Business:	New Principal Place o	New Principal Place of Business:	
PO BOX 1 WEST PA	533 LM BEACH, F	L 33401			
Current N	lailing Addre	ss:	New Mailing Address:		
P.O. BOX WEST PA	1533 LM BEACH, F	L 334011533			
FEI Number	: 65-0847611	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:	
	N, CHARLES TH CT NORT FL 33478	H US			
	named entity e of Florida.	submits this statement for th	ne purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered	Agent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ROBINSON, S P.O. BOX 1533		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name:	D ( ROBINSON, C	) Delete HARLES	Title: ( Name:	) Change ( ) Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 ROBINSON D 03/11/2005