

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000071534

FILED
Apr 27, 2005
Secretary of State

Entity Name: CHARLIE'S LAW, INC.

Current Principal Place of Business:

853 MAIN STREET
STE B
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

853 MAIN STREET
STE B
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 59-3528175 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARE, CHARLES H
853 MAIN STREET
SUITE B
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: WARE, CHARLES H
Address: 1801 EAST LAKE RD., #9G
City-St-Zip: PALM HARBOR, FL 34685

Title: VD () Delete
Name: SCHWETTMANN, FREDERIC N
Address: 50 PU'U ANOANO ST. #2701
City-St-Zip: LAHAINA, HI 96761

Title: SD () Delete
Name: FORESTER-MILLER, HOLLY
Address: 2 BROWER CIR
City-St-Zip: DURHAM, NC 27705

Title: TD () Delete
Name: MAYES, SHARON V
Address: 1801 EAST LAKE RD. #9G
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: SCHWETTMANN, SANDY
Address: 50 PU'U ANOANO ST. #2701
City-St-Zip: LAHAINA, HI 96761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: SHARON V. MAYES

TD

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date