2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000071534

Entity Name: CHARLIE'S LAW. INC

City-St-Zip: LAHAINA, HI 96761

FILED Apr 30, 2006 Secretary of State

Littly Na	IIIe. CHARLII	13 LAVV, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
853 MAIN	STREET			1801 E. LA	KE RD.		
STE B				#9-G			
SAFETY HARBOR, FL 34695				PALM HARBOR, FL 34685			
Current Mailing Address:				New Mailing Address:			
B53 MAIN STREET				334 E. LAKE RD.			
STEB				#327			
SAFETY HARBOR, FL 34695				PALM HARBOR, FL 34685			
FEI Number	: 59-3528175	FEI Number Applied For ()	FEI Nun	nber Not App	licable ()	Certificate of Status Des	sired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
WARE, CHARLES H				WARE, CHARLES H			
853 MAIN STREET				1801 E. LAKE RD.			
SUITE B SAFETY HARBOR, FL 34695 US				#9-G PALM HARBOR, FL 34685 US			
	named entity e of Florida.	submits this statement for the p	purpose o	f changing i	its registered	l office or registered agei	nt, or both,
SIGNATUI	RF.					04/30/2006	
0,0,1,0,		nic Signature of Registered Age	ent			Date	
Election Ca		g Trust Fund Contribution ().	One			Bato	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title:	PD () Delete		Title:		() Change () Addition	
Name:	WARE, CHARL	ES H		Name:		. ,	
Address:	1801 EAST LA	KE RD., #9G		Address:			
City-St-Zip:	PALM HARBO	R, FL 34685		City-St-Zip:			
Title:	VD () Delete		Title:	VD	(X) Change () Addition	
Name:	,	N, FREDERIC N		Name:		ANN, FREDERIC N	
Address:	50 PU'U ANOA			Address:	85 LAU AWA	, , , , , , , , , , , , , , , , , , ,	
City-St-Zip:	LAHAINA, HI 9	6761		City-St-Zip:	LAHAINA, HI	96761	
Title:	SD () Delete		Title:		() Change () Addition	
Name:	FORESTER-M	ILLER, HOLLY		Name:			
Address:	2 BROWER C	R		Address:			
City-St-Zip:	DURHAM, NC	27705		City-St-Zip:			
Title:	TD () Delete		Title:		() Change () Addition	
Name:	MAYES, SHAR	*		Name:		- · · ·	
Address:	1801 EAST LA	KE RD. #9G		Address:			
City-St-Zip:	PALM HARBO	R, FL 34685		City-St-Zip:			
Title:	D () Delete		Title:	D	(X) Change () Addition	
Name:	SCHWETTMAN	N, SANDY		Name:	SCHWETTM	ANN, SANDY	
Address:	50 PU'LLANOA	NO ST #2701		Address:	85 A A\\/A	PLACE	

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.

City-St-Zip: LAHAINA, HI 96761

SIGNATURE: SHARON V. MAYES TD 04/30/2006