


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000071534 1. Entity Name CHARLIE'S LAW, INC.	
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Principal Place of Business 1801 E. LAKE RD. #9-G PALM HARBOR, FL 34685	Mailing Address 334 E. LAKE RD. #327 PALM HARBOR, FL 34685
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DO NOT WRITE IN THIS SPACE



04132008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3528175	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARE, CHARLES H
1801 E. LAKE RD.
#9-G
PALM HARBOR, FL 34685

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000949976
06/03/08-80051-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARE, CHARLES H 1801 EAST LAKE RD., #9G PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHWETTMANN, FREDERIC N 85 LAU AWA PLACE LAHAINA, HI 96761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORESTER-MILLER, HOLLY 2 BROWER CIR DURHAM, NC 27705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAYES, SHARON V 1801 EAST LAKE RD. #9G PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWETTMANN, SANDY 85 LAU AWA PLACE LAHAINA, HI 96761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Sharon V. Mayes Sharon V. Mayes 4-30-08 727-4094567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #