

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90164 050 \*\*\*158.75

<b>DOCUMENT # P99000037944</b> 1. Entity Name <b>CHARGE.COM, INC.</b>					
Principal Place of Business <b>3201 WEST COMMERCIAL BLVD. SUITE 206 FT. LAUDERDALE, FL 33309</b>			Mailing Address <b>3201 WEST COMMERCIAL BLVD. SUITE 206 FT. LAUDERDALE, FL 33309</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>B PO Box 300</b>  Suite, Apt. #, etc.			
City & State City: <b>Brasher Falls, NY</b>		4. FEI Number <b>65-0915797</b>			
Zip <b>13613</b>		Country <b>NY</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04282006 Chg-P CR2E034 (11/05)			
6. Name and Address of Current Registered Agent  <b>DANZIG, GREGORY 3201 WEST COMMERCIAL BLVD. SUITE 206 FORT LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANZIG, GREGORY 10950 REDHAWK STREET PLANTATION, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Danzig, Gregory 10950 Redhawk Street Plantation FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANZIG, DAVID 3074 OLD STILL LN FORT LAUDERDALE, FL 33331	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J Rubinstein 370 Clayton Rd Scarsdale, NY 10583-1504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kevin Weller 3 W. Main St Brasher Falls, NY 13613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MacAllister Smith 1515 Hancock St Quincy, MA 02169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Donald Gruneisen 3 W. Main St - PO Box 300 Brasher Falls, NY 13613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Philip Chait 1515 Hancock St - Ste 301 Quincy, MA 02169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>Donald Gruneisen</u> <b>CFO</b> <b>4/28/06</b> <b>315-389-5574</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					