AMENDED

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000062177

1. Entity Name
CHARLIE'S SEAFOOD ENTERPRISES INC.

FILED
07 NOV -8 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04242006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
6731 LINDEN DR. HOMOSASSA SPRINGS, FL 34446	7699 Fox Plaa Lake Wales FL A 3389

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	7699 FOX PLACE Suite, Apt. #, etc.
City & State	City & State LAKES WALES FLA
Zip / Country	Zip 33898 / Country USA

4. FEI Number
59-3588048
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SINGLETON, ROBERT 6731 LINDEN DR. HOMOSASSA SPRINGS, FL 34446	Name: Christopher Ippolito (P.) Street Address (P.O. Box Number is Not Acceptable): 2102-36th S Feet City: Tpa FL Zip Code: 33605

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: Christopher Ippolito Christopher Ippolito 08-01-07
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SINGLETON, ROBERT C 6731 LINDEN DR. HOMOSASSA, FL 34446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Ippolito, Christopher 2102-36th Street Tpa FLA 33605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600112263456 11/14/07--01014--015 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	11/9	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: Robert C. Singleton Robert C. Singleton 08-01-07 305-9236250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #