


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000064374 1. Entity Name CENTURY 21 REAL ESTATE PROFESSIONALS, INC.	
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1st MOORE CR2E034 (10/04)

Principal Place of Business 564 N. SEMORAN BLVD. ORLANDO FL 32807	Mailing Address 564 N. SEMORAN BLVD. ORLANDO FL 32807
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	4. FEI Number 59-3587823
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent HUEBNER, JOHN 564 N. SEMORAN BLVD. ORLANDO FL 32807	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Trust Fund Contribution. <input type="checkbox"/> Added to Fee
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	HUEBNER, JOHN	NAME	
STREET ADDRESS	564 N. SEMORAN BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807	CITY-ST-ZIP	
			<input type="checkbox"/> Change <input type="checkbox"/> Add
			000000303038 04/13/05-80095-020 150.00
			<input type="checkbox"/> Change <input type="checkbox"/> Add
			<input type="checkbox"/> Change <input type="checkbox"/> Add
			<input type="checkbox"/> Change <input type="checkbox"/> Add
			<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 4/7/05 <small>Daytime Phone #</small>
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