

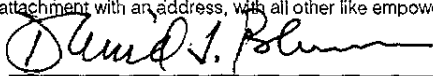


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000090119 1. Entity Name ALLIED/CENTERVILLE, INC.							
Principal Place of Business C/O URDANG & ASSOCIATES 630 WEST GERMANTOWN PIKE #300 PLYMOUTH MEETING PA 19462			Mailing Address C/O URDANG & ASSOCIATES 630 WEST GERMANTOWN PIKE #300 PLYMOUTH MEETING PA 19462				
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State		1st MOORE CR2E034 (10/04)			
Zip Country		Zip Country		4. FEI Number 58-2501105 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	E. SCOTT URDANG		NAME	UN00010308408			
STREET ADDRESS	C/O 630 W. GERMANTOWN PIKE #300		STREET ADDRESS	04/15/05-80094-014 150.00			
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462		CITY-ST-ZIP				
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BLUM, DAVID		NAME				
STREET ADDRESS	C/O 630 W. GERMANTOWN PIKE #300		STREET ADDRESS				
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SANFILIPPO, VINCENT		NAME				
STREET ADDRESS	C/O 630 W. GERMANTOWN PIKE #300		STREET ADDRESS				
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462		CITY-ST-ZIP				
TITLE	TC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FERST, RICHARD		NAME				
STREET ADDRESS	C/O 630 W. GERMANTOWN PIKE #300		STREET ADDRESS				
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GRECO, MARK B		NAME				
STREET ADDRESS	C/O 630 W. GERMANTOWN PIKE #300		STREET ADDRESS				
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GRESHAM, MELISSA		NAME				
STREET ADDRESS	C/O 630 W. GERMANTOWN PIKE #300		STREET ADDRESS				
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			David Blum				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		
			4-6-05		610-834-9500		