2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000098773

Entity Name: CENTERRE SALES ASSOCIATES, INC.

FILED Sep 23, 2004 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business:	New Principal Place of Business:
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3225 S. MACDILL AVENUE SUITE 129-163 TAMPA, FL 336298171

Current Mailing Address: New Mailing Address:

3225 S. MACDILL AVENUE SUITE 129-163 TAMPA, FL 336298171

FEI Number: 52-2376349 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 VALLIERES, ALINE
 PENDERGRAFT, JOE E

 3225 S. MACDILL AVENUE
 3225 S. MACDILL AVENUE

 SUITE 129-163
 SUITE 129-163

 TAMPA, FL 336298171
 TAMPA, FL 336298171

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.

SIGNATURE: JOE E. PENDERGRAFT 09/23/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete Title: VP (X) Change () Addition

 Name:
 VALLIERES, ALINE
 Name:
 VALLIERES, ALINE

 Address:
 3225 S. MACDILL AVE., #129-163
 Address:
 3225 S. MACDILL AVE., #129-163

City-St-Zip: TAMPA, FL 336298171 City-St-Zip: TAMPA, FL 336298171

 Title:
 () Delete
 Title:
 PRES
 () Change (X) Addition

 Name:
 Name:
 PENDERGRAFT, JOE E

 Address:
 Address:
 3225 S. MACDILL AVE, #129-163

 City-St-Zip:
 TAMPA, FL 33629 81

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

SIGNATURE: JOE E. PENDERGRAFT PRES 09/23/2004