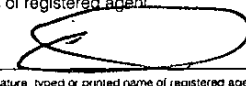
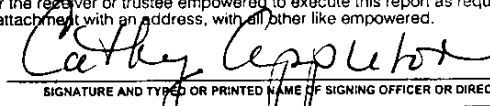


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90090 027 ****61.25

DOCUMENT # 758302 1. Entity Name COLONIAL CENTER ASSOCIATION, INC.			
Principal Place of Business 1200 1260 S. FEDERAL HWY. BOYNTON BEACH, FL 33435		Mailing Address CENTURY MANAGEMENT CONSULTANTS, INC. 2994 JOG ROAD SUITE B GREENACRES, F3 3467	
2. Principal Place of Business - No P.O. Box # Century Management Consultants, Inc. Suite, Apt. #, etc. 2950 Jog Road City & State Greenacres, FL Zip 33467 Country US		3. Mailing Address Century Management Consultants, Inc. Suite, Apt. #, etc. 2950 Jog Road City & State Greenacres, FL Zip 33467 Country US	
4. FEI Number 59-2159966		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CENTURY MANAGEMENT CONSULTANTS, INC. 2994 JOG ROAD, SUITE B GREENACRES, FL 33467		7. Name and Address of New Registered Agent Name Becker & Polia Koff, P.A. Street Address (P.O. Box Number is Not Acceptable) 625 N. Flagler Drive 7th Floor City West Palm Beach FL Zip Code 33401	
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 		Kenneth S. Director 4/25/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DS NAME EWING, AUBREY STREET ADDRESS 1230 S FEDERAL HWY, SUITE 101 CITY-ST-ZIP BOYNTON BCH, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME APPLETON, CATHY STREET ADDRESS 1260 S FEDERAL HWY, SUITE 201 CITY-ST-ZIP BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SIPP, ROGER STREET ADDRESS 1200 S FEDERAL HWY, SUITE 303-304 CITY-ST-ZIP OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME MARTINCAVAGE, ALLEN STREET ADDRESS 1200 S. FEDERAL HWY SUITE 201 CITY-ST-ZIP BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MORTON, LINDA STREET ADDRESS 1200 S. FEDERAL HWY SUITE 301 CITY-ST-ZIP BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 617, 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: 		4-16-07 561-641-1016	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	