


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 598730	
1. Entity Name CENTURIONS V, INC.	

Principal Place of Business 3584 EXCHANGE AVE NAPLES, FL 34104 US	Mailing Address 1753 ROYAL CIRCLE NAPLES, FL 34112 US
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04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1898816	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

LARRY MARTIN
3301 TAMIAMI TRAIL E
BLDG L
NAPLES, FL 34112

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, LAWRENCE D 3301 TAMIAMI TRAIL E., BLDG L NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, MATTHEW S 2385 TOWER DRIVE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURRELL, TODD 3584 EXCHANGE AVE. SUITE B NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAULICH III, JOHN 2221 PINWOODS CIRCLE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/28/06-80062-012 150.00

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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: Lawrence D Martin John Paulich III 4/14/06 (239) 774-8742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #