2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# 746744

Entity Name: CENTERS RESI-SERV, INC.

Current Principal Place of Business:

11115 N. NEBRASKA AVE.
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

11115 N. NEBRASKA AVE.
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-1906179 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ARNOLD, LYNWOOD
400 N TAMPA STREET
SUITE 2450
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

ARNOLD, LYNWOOD F
2701 NORTH ROCKY POINT DR
SUITE 900
TAMPA, FL 33607 US

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: LYNWOOD F.ARNOLD 01/10/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: ITIALIANO, JANE,
Address: P.O. BOX 18425
City-St-Zip: TAMPA, FL 336798425

Title: D ( ) Delete
Name: SCOTT, RHON JR.,
Address: 19095 SO. TAYLOR RD.
City-St-Zip: SEFFNER, FL 33584

Title: PD ( ) Delete
Name: ARNOLD, LYNWOOD F
Address: 400 N TAMPA STREET, STE #2450
City-St-Zip: TAMPA, FL 336025126

Title: D ( ) Delete
Name: STONE, HARRIET
Address: 115 PHILLIPS DR.
City-St-Zip: SEFFNER, FL 33584

Title: D ( ) Delete
Name: LOWE, RITA
Address: 2403 S. ARDSON PL.
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition
Name: ITIALIANO, JANE,
Address: 409 PALOMA PLACE
City-St-Zip: TAMPA, FL 336798383 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: ARNOLD, LYNWOOD F
Address: 2701 ROCKY POINT DR
City-St-Zip: TAMPA, FL 33607

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNWOOD F.ARNOLD PD 01/10/2006
Electronic Signature of Signing Officer or Director Date