F03000003789

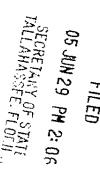
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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06/29/05--01043--017 **35.00



RA. Rosignation

T BROWN JUL - 6 2005

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: CENTURY ARBITRATION ASSOCIATES, INCORPORATED
	(Name of Corporation)
DOC	UMENT NUMBER: F03000003789
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
M. S	Spalinger
	(Name of Person)
Bus	iness Filings Incorporated
	(Name of Firm/Company)
802	5 Excelsior Drive, Ste. 200
	(Address)
Mac	lison, WI 53717
	(City/State and Zip Code)
For fi	orther information concerning this matter, please call:
sam	at t
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosor \$3	sed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Amer Divis P.O. I	ng Address: Independent Section Identify

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	Child Par		
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509			
Florida Statutes, the undersigned, Bu	siness Filings Incorporated		
	(Name of Registered Agent)		
hereby resigns as Registered Agent for	Century Arbitration Associates, Incorporated		
	(Name of Corporation)		
F03000003789			
(Document Number, if known)	_		
A copy of this resignation was mailed to	o the above listed corporation at its last known address.		
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.			
	gnature & Resigning Agent)		
If signing on behalf of an entity:			
Mark Schiff, AVP-Business Filings Incorporated			
(Typed or Printed Name)		
Assistant Vice Pre	esident		
	(Capacity)		

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314