

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F05000000082</b> 1. Entity Name <b>CENTRAX GAS TURBINES, INC.</b>					
Principal Place of Business <b>C/O CENTRAX LTD. SHALDON RD. NEWTON ABBOT DEVON UNITED KINGDOM TQ12 4SQ,</b>			Mailing Address <b>C/O CENTRAX LTD. SHALDON RD. NEWTON ABBOT DEVON UNITED KINGDOM TQ12 4SQ,</b>		
2. Principal Place of Business <b>6825 WESTBOROUGH LANE</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>ORLANDO, FLORIDA</b>		City & State		4. FEI Number <b>06-1730300</b>	
Zip <b>32818</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PC BARR, RICHARD SHALDON ROAD, NEWTON ABBOTT DEVON US TQ12 4SQ,</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPVC WEST, GUY SHALDON ROAD, NEWTON ABBOTT DEVON US TQ12 4SQ,</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD HOBBS, MICHAEL SHALDON ROAD, NEWTON ABBOTT DEVON US TQ12 4SQ,</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> <u><i>HS Hall</i></u> <span style="float: right;"><u>03/07/05</u></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Daytime Phone #</small></span>					

40030830



03042005 Chg-P CR2E034 (10/03)