



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F05000000082		
1. Entity Name CENTRAX GAS TURBINES, INC.		
Principal Place of Business 343 LESLIE LANE LAKE MARY, FL 32746	Mailing Address C/O CENTRAX LTD. SHALDON RD. NEWTON ABBOT DEVON UNITED KINGDOM TQ12 4SQ, XX	<div style="text-align: right;">40099062</div>  07102006 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE		
4. FEI Number 06-1730300		
		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		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BARR, RICHARD SHALDON ROAD, NEWTON ABBOTT DEVON US TQ12 4SQ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPVC WEST, GUY SHALDON ROAD, NEWTON ABBOTT DEVON US TQ12 4SQ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOBBS, MICHAEL SHALDON ROAD, NEWTON ABBOTT DEVON US TQ12 4SQ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>[Signature]</i></u> 7/14/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		