


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F94000000570</b> 1. Entity Name <b>CENTURY ARMS OF VERMONT, INC.</b>	
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Principal Place of Business <b>430 S. CONGRESS AVENUE STE 1 DELRAY BEACH, FL 33445 US</b>	Mailing Address <b>430 S. CONGRESS AVENUE STE 1 DELRAY BEACH, FL 33445 US</b>
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**DO NOT WRITE IN THIS SPACE**

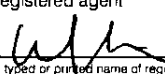


01032007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>03-0212129</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SUCHER, MICHAEL 430 S. CONGRESS AVE STE 1 DELRAY BEACH, FL 33445</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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  (NOTE: Registered Agent signature required when reinstating) DATE **APR 9, 2007**

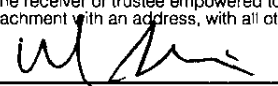
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SUCHER, MICHAEL 430 S. CONGRESS AVE STE 1 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SUCHER, PHYLLIS 430 S. CONGRESS AVENUE STE 1 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS SUCHER, BRIAN 430 S. CONGRESS AVENUE STE 1 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUCHER, ANNA 430 S. CONGRESS AVENUE STE 1 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUCHER, HOWARD 430 S. CONGRESS AVENUE STE 1 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000697127  
04/18/07-80028-007.150.00

**DO NOT WRITE  
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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:  **Michael Sucher** April 9, 2007 (501) 265-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone