2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G60434

FILED Feb 23, 2009 Secretary of State

Entity Nai	me: CENTCU	SO, INC.					
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
	BER ST STE 25 D, FL 32803	55 US					
Current Mailing Address:			New Mailing Address:				
POB 14900 ORLANDO	03), FL 3281490	03 US					
FEI Number:	: 59-2482106	FEI Number Applied For()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()		
Name and	Address of C	Current Registered Agent:	Name and	Address of	New Registered Agent:		
1200 WEB	RNE, JOSEPH BER ST.), FL 32803	US					
	named entity : e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or bot	.h,	
SIGNATUR	RE:						
	Electror	nic Signature of Registered Ago	ent		Date	_	
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DVC () COWANS, AC 41 W MICHIGA ORLANDO, FL		Title: Name: Address: City-St-Zip:	(() Change () Addition		
Title: Name: Address: City-St-Zip:	DT () OWEN, LYNN 480 S KELLER MAITLAND, FL		Title: Name: Address: City-St-Zip:	DT (SIMONTON, I 480 S KELLE MAITLAND, F	R RD		
Title: Name: Address: City-St-Zip:	DC () MELBOURNE, 1000 PRIMERA LAKE MARY, F	BLVD	Title: Name: Address: City-St-Zip:	(() Change () Addition		
Title: Name: Address: City-St-Zip:	DS () TOBIN, LARRY 135 WEST CEI ORLANDO, FL	NTRAL BLVD	Title: Name: Address: City-St-Zip:	(() Change () Addition		
Title:	Р (. Delete	Title.		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MILES STRICKLAND Ρ 02/23/2009

STRICKLAND, MILES

ORLANDO, FL 32803

1200 WEBER ST STE 255

Name:

Address:

City-St-Zip: