

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002640

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: CENTER VENTURES, INC.

## Current Principal Place of Business:

7027 US HIGHWAY 19  
NEW PORT RICHEY, FL 34652

## New Principal Place of Business:

13910 FIVAY ROAD  
SUITE 8  
HUDSON, FL 34667

## Current Mailing Address:

7027 US HIGHWAY 19  
NEW PORT RICHEY, FL 34652

## New Mailing Address:

13910 FIVAY ROAD  
SUITE 8  
HUDSON, FL 34667

FEI Number: 20-3274091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TORRENCE, ALFRED W JR  
6645 RIDGE ROAD  
PORT RICHEY, FL 34668 US

## Name and Address of New Registered Agent:

LAURINO, EMILE  
13910 FIVAY ROAD  
SUITE 8  
HUDSON, FL 34667 US

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.

SIGNATURE: EMILE LAURINO

04/20/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GONZALES, ANN  
Address: 7027 US HIGHWAY 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete  
Name: HAGAMAN, LYNN  
Address: 7027 US HIGHWAY 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete  
Name: TROY, GORDON  
Address: 7027 US HIGHWAY 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GONZALES, ANN  
Address: 13910 FIVAY ROAD, SUITE 8  
City-St-Zip: HUDSON, FL 34667

Title: D (X) Change ( ) Addition  
Name: HAGAMAN, LYNN  
Address: 13910 FIVAY ROAD, SUITE 8  
City-St-Zip: HUDSON, FL 34667

Title: D (X) Change ( ) Addition  
Name: TROY, GORDON  
Address: 13910 FIVAY ROAD, SUITE 8  
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILE LAURINO

CEO

04/20/2006

Electronic Signature of Signing Officer or Director

Date