


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90077 017 ****61.25

DOCUMENT # N37432 1. Entity Name CENTRAL METROPOLITAN COMMERCIAL CENTER OWNERS ASSOCIATION, INC.	
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Principal Place of Business 14311 METROPOLIS AVE., #101 FORT MYERS, FL 33912 US	Mailing Address 14311 METROPOLIS AVE., #101 FORT MYERS, FL 33912 US
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DO NOT WRITE IN THIS SPACE

900000



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0301128	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ENNEN, BILL 14311 METROPOLIS AVE., #101 FORT MYERS, FL 33912	DO NOT WRITE IN THIS SPACE
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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 _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ENNEN, BILL 14311 METROPOLIS AVE., #101 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP POLIAKOFF, GARY 3111 STIRLING ROAD FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MERCER, RANDY 13350 METRO PKWY, #102 FORT MYERS, FL 33966
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: 	1-12-08 239-454-9157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #