2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000052603

1. Entity Name
CENTREPOINT HOLDINGS, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 11 PALM BEACH, FL 33480	POST OFFICE BOX 11 PALM BEACH, FL 33480

01262006   Chg-P   CR2E034 (11/05)

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number
65-1041086
☐ Applied For
☐ Not Applicable

Zip	Country	Zip	Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL, ROBERT ~~340~~ Royal Porniciana Way
~~50 COCONUT ROW~~ ~~STE 212~~ Ste: 326.
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City   FL   Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐
$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: D NAME: SPIEGEL, ROBERT STREET ADDRESS: POST OFFICE BOX 11 CITY-ST-ZIP: PALM BEACH, FL 33480		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE: D NAME: SPIEGEL, SIDNEY STREET ADDRESS: POST OFFICE BOX 11 CITY-ST-ZIP: PALM BEACH, FL 33480		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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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: _____   2/6/06   561-832-8502

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