

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90029 041 \*\*\*150.00

DOCUMENT # P00000071774  
 1. Entity Name  
 CENTRE - W.G., INC.



Principal Place of Business  
 616 EAST ATLANTIC AVE  
 DELRAY BEACH, FL 33483

Mailing Address  
 616 EAST ATLANTIC AVE  
 DELRAY BEACH, FL 33483

J0000004

2. Principal Place of Business - No P.O. Box #  
 2515 S.R. 7  
 Suite, Apt. #, etc.  
 # 230

3. Mailing Address  
 2515 S.R. 7  
 Suite, Apt. #, etc.  
 # 230



01132007 Chg-P CR2E034 (12/06)

City & State  
 Wellington, FL

City & State  
 Wellington, FL

Zip  
 33414

Country  
 USA

Zip  
 33414

Country  
 USA

4. FEI Number  
 65-1144404

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRALL, MARK L  
 616 EAST ATLANTIC AVE  
 DELRAY BEACH, FL 33483

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GERTZ, RICHARD	
STREET ADDRESS	5231 NE 32 AVE	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARC D STANLEY	
STREET ADDRESS	2515 S.R. 7, #230	
CITY - ST - ZIP	Wellington, FL 33414	
TITLE	VID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard D. Gertz, Jr.	
STREET ADDRESS	2515 S.R. 7, #230	
CITY - ST - ZIP	Wellington, FL 33414	
TITLE	VID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark DiCarolis	
STREET ADDRESS	2515 S.R. 7, #230	
CITY - ST - ZIP	Wellington, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: VP MARC D. STANLEY 1/12/07 954 410 838  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #