2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2006 08:00 AN Secretary of State DOCUMENT # P01000114986 1. Entity Name CENTURY INTERNATIONAL, INC. Principal Place of Business Mailing Address 672 NW 118 ST 672 NW 118TH ST MIAMI, FL 33168 NORTH MIAMI, FL 33160 05012006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 30-0149530 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent KELLEY, CHRISTOPHER P DO NOT WRITE 11098 BISCAYNE BOULEVARD **SUITE 205** IN THIS SPACE MIAMI, FL 33161 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 skareture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE Ð SADIKU, DAVID MARKE STREET ADDRESS 672 NW 118TH ST U00000558763 05/17/06-80106-011 150.00 CITY-ST-ZIP NORTH MIAMI, FL 33168 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TiTLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 inclicated on this report or supplemental report is tree 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 of 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 its address with all other like empowered.

SIGNATURE:

TITLE

STREET ADDRESS City-SI-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4128/06

Daytime Phone #

FILED