


**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90975 003 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P02000098773</b>			
1. Entity Name CENTERRE SALES ASSOCIATES, INC.			
Principal Place of Business 3225 S. MACDILL AVENUE SUITE 129-163 TAMPA, FL 33629-8171		Mailing Address 3225 S. MACDILL AVENUE SUITE 129-163 TAMPA, FL 33629-8171	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 52-2376349		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PENDERGRAFT, JOE E 3225 S. MACDILL AVENUE SUITE 129-163 TAMPA, FL 33629-8171		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; am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signatures, typed or printed name of registered agent and file if applicable.		(NOTE: Registered Agent signature required when rechartering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLIERES, ALINE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3225 S. MACDILL AVE., #129-163	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	TAMPA, FL 336298171	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PRES	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENDERGRAFT, JOE E.	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3225 S. MACDILL AVE.; #129-183	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	TAMPA, FL 33629	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Joe E. Pendergraft</i>		DATE: 4/27/05	
Signature and typed or printed name of signing officer or director		Date	