

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000126334

**FILED  
Apr 30, 2005  
Secretary of State**

Entity Name: CENTAUR RANCHES, INC.

**Current Principal Place of Business:**

501 BRICKELL KEY DR STE 602  
MIAMI, FL 33131

**New Principal Place of Business:**

11393 ACME RD  
WELLINGTON, FL 33414

**Current Mailing Address:**

501 BRICKELL KEY DR STE 602  
MIAMI, FL 33131

**New Mailing Address:**

3500 FAIRLANE FARMS RD, SUITE 15  
WELLINGTON, FL 33414

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NATIONAL REGSITERED AGENTS, INC.  
501 BRICKELL KEY DR STE 602  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                      DCP                      ( ) Delete  
Name:                      FELLERS, GARY T  
Address:                      3500 FAIRLANE FARMS RD STE 15  
City-St-Zip:                      WELLINGTON, FL 33414

Title:                      DS                      ( ) Delete  
Name:                      SASSOON, JEANETTE  
Address:                      3500 FAIRLANE FARMS RD STE 15  
City-St-Zip:                      WELLINGTON, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY T. FELLERS

DP

04/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date