

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128483

**FILED**  
**Apr 09, 2005**  
**Secretary of State**

**Entity Name:** CENTURION & LYPRAN INTERNATIONAL, INC.

**Current Principal Place of Business:**

266 WILSHIRE BLVD., STE.127  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

950 S WINTER PARK DRIVE.,  
SUITE 305  
CASSELBERRY, FL 32707

**Current Mailing Address:**

266 WILSHIRE BLVD., STE.127  
CASSELBERRY, FL 32707

**New Mailing Address:**

6361 N. BROADWAY AVE  
SUITE 100  
CHICAGO, IL 60660

**FEI Number:** 04-3736271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ONYUM, ASUMANI S  
266 WILSHIRE BLVD., STE.127  
CASSELBERRY, FL 32707 US

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

ONYUM, ASUMANI S  
6361 N. BROADWAY AVE  
SUITE 100  
CHICAGO, IL, FL 60660 US

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:** ASUMANI SEBAYIGA ONYUM

04/09/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** ONYUM, ASUMANI S  
**Address:** 266 WILSHIRE BLVD., STE.127  
**City-St-Zip:** CASSELBERRY, FL 32707

**Title:** STD ( ) Delete  
**Name:** JADA, DIANA W  
**Address:** 266 WILSHIRE BLVD., STE.127  
**City-St-Zip:** CASSELBERRY, FL 32707

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

**Title:** PD (X) Change ( ) Addition  
**Name:** ONYUM, ASUMANI S  
**Address:** 6361 N. BROADWAY AVE SUITE 100  
**City-St-Zip:** CHICAGO, IL 60660

**Title:** STD (X) Change ( ) Addition  
**Name:** JADA, DIANA W  
**Address:** 6361 N. BROADWAY AVE SUITE 100  
**City-St-Zip:** CHICAGO, IL 60660

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:** ASUMANI SEBAYIGA ONYUM

PD

04/09/2005

Electronic Signature of Signing Officer or Director

Date