


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-19-2007 90029 035 ***150.00

DOCUMENT # P04000039796	
1. Entity Name CENTRE - SOUTHERN, INC.	

Principal Place of Business 616 E. ATLANTIC AVENUE DELRAY BEACH, FL 33483	Mailing Address 616 E. ATLANTIC AVENUE DELRAY BEACH, FL 33483
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50000940



2. Principal Place of Business - No P.O. Box # 2515 SR 7	3. Mailing Address 2515 S.R. 7
Suite, Apt. #, etc. # 230	Suite, Apt. #, etc. # 230
City & State Wellington, FL	City & State Wellington, FL
Zip 33414	Country USA

01112007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2340717	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KRALL, MARK L 616 E. ATLANTIC AVENUE 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
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE VID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GERTZ, RICHARD D		NAME Richard Dale Gertz, Jr.	
STREET ADDRESS 616 E. ATLANTIC AVENUE		STREET ADDRESS 2515 S.R. 7, #230	
CITY-ST-ZIP DELRAY BEACH, FL 33483		CITY-ST-ZIP Wellington, FL 33414	
TITLE 	<input type="checkbox"/> Delete	TITLE VID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		NAME MARC D. STANLEY	
STREET ADDRESS 		STREET ADDRESS 2515 SR 7, #230	
CITY-ST-ZIP 		CITY-ST-ZIP Wellington, FL 33414	
TITLE 	<input type="checkbox"/> Delete	TITLE VID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		NAME MARK D. Carolis	
STREET ADDRESS 		STREET ADDRESS 2515 S.R. 7, #230	
CITY-ST-ZIP 		CITY-ST-ZIP Wellington, FL 33414	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		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: *Mark D. Stanley* **MARK D. STANLEY** 1/11/07 9544101838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #