
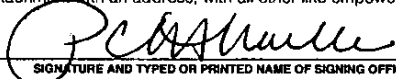


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90178 015 ***150.00

DOCUMENT # P04000093320 1. Entity Name CENTERPIECE ACCEPTANCE CO.																											
Principal Place of Business 2314 N. BELTLINE RD., APT. 523 MESQUITE, TX 75150		Mailing Address 2314 N. BELTLINE RD., APT. 523 MESQUITE, TX 75150																									
2. Principal Place of Business 4630 S. Kirkman Rd. Suite, Apt. #, etc. #113		3. Mailing Address 4630 S. Kirkman Rd. Suite, Apt. #, etc. #113																									
City & State Orlando, FL		City & State Orlando, FL																									
Zip 32811		Zip 32811																									
Country USA		Country USA																									
4. FEI Number 04252005		Chg-P CR2E034 (10/03)																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent AGENTS AND CORPORATIONS, INC. 773 4TH AVE. NORTH, SUITE E NAPLES, FL 34102		7. Name and Address of New Registered Agent Name Phaphone Chanthachone Street Address (P.O. Box Number is Not Acceptable) # 113 4630 S. Kirkman Rd. City Orlando FL Zip Code 32811																									
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, 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">PSTD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHANTHACHONE, PHAPHONE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2314 N. BELTLINE RD., APT. 523</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MESQUITE, TX 75150</td> <td></td> </tr> </table>		TITLE	PSTD	<input type="checkbox"/> Delete	NAME	CHANTHACHONE, PHAPHONE		STREET ADDRESS	2314 N. BELTLINE RD., APT. 523		CITY-ST-ZIP	MESQUITE, TX 75150		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">PSTD</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Chanthachone, Phaphone</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td># 113 ; 4630 S. Kirkman Rd.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Orlando, FL 32811</td> <td></td> </tr> </table>		TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Chanthachone, Phaphone		STREET ADDRESS	# 113 ; 4630 S. Kirkman Rd.		CITY-ST-ZIP	Orlando, FL 32811	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		4/25/05 907-493-5097 Date Daytime Phone #																									