


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000061099 1. Entity Name CENTURIAN GROUP SERVICES, INC.	
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Principal Place of Business 642 WATER SCAPE WAY ORLANDO, FL 32828	Mailing Address P.O. BOX 560698 ORLANDO, FL 32856-0698
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3803938	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

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI, FL 33145

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SOBIECH, ANTHONY 642 WATER SCAPE WAY ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ANDERSON-SOBIECH, SUSAN 642 WATER SCAPE WAY ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SOBIECH, STEPHEN 642 WATER SCAPE WAY ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000740038
05/14/07-80052-001 150.00

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: 	4/24/07	321-662-2522
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>