

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90068 016 ***150.00

DOCUMENT # P06000085416 1. Entity Name CENTURY STAR MORTGAGE GROUP, INC.					
Principal Place of Business 2295 SOUTH HIAWASSEE RD SUITE 204 ORLANDO, FL 32835 US			Mailing Address 11812 WHISPERING TREE AVE ORLANDO, FL 32837 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 728 WINDROSE DR. Suite, Apt. #, etc.			
City & State Zip Country		City & State ORLANDO FLORIDA Zip Country 32824 US		4. FEI Number 20-5263309 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05032007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent SEECHARAN, GERGAWATTIE H 11812 WHISPERING TREE AVE ORLANDO, FL 32837			7. Name and Address of New Registered Agent Name SEECHARAN, GERGAWATTIE H Street Address (P.O. Box Number is Not Acceptable) 728 WINDROSE DR City ORLANDO FL Zip Code 32824		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEECHARAN, GERGAWATTIE H 11812 WHISPERING TREE AVE ORLANDO, FL 32837 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. SEECHARAN, GERGAWATTIE H 728 WINDROSE DR. ORLANDO, FL 32824 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an other like empowered.					
SIGNATURE: 			5.2.07. 328.7761 Date Daytime Phone #		