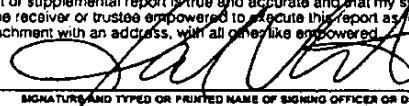


FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90011 008 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000117939		
1. Entity Name CENTROSOME RESOLUTIONS INC.		
Principal Place of Business 881 WETSTONE PLACE SANFORD, FL 32771		Mailing Address 881 WETSTONE PLACE SANFORD, FL 32771
DO NOT WRITE IN THIS SPACE		
		40047843 
		01282008 No Chg-P CR2E034 (11/05)
4. FEI Number 22-3942603		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		DO NOT WRITE 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 _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VRTAR, JACOB 881 WETSTONE PLACE SANFORD, FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FUSSELL, ROBBY 881 WETSTONE PLACE SANFORD, FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VRTAR, DONNA 881 WETSTONE PLACE SANFORD, FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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 officer-like empowered.		
SIGNATURE: 		2-8-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #