2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000015735

Entity Name: CROATIAN CENTER, INC.

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 14414 66TH STREET NORTH CLEARWATER, FL 34624 **Current Mailing Address: New Mailing Address:** P.O. BOX 5536 CLEARWATER, FL 33758 US FEI Number: 26-1964081 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KAUFMANN, BRUCE G J.D. 1564 OAKADIA LANE CLEARWATER, FL 33764 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition VRBOS, LOVRO VRBOS, LOVRO Name: Name: 1210 PALM BLVD. 1210 PALM BLVD. Address: Address: City-St-Zip: DUNEDIN, FL 34698 US City-St-Zip: DUNEDIN, FL 34698 US () Delete Title: Title: (X) Change () Addition Name: CORDAS, FRANK Name: CORDAS, FRANK 10298 MONARCH DR. 10298 MONARCH DR. Address: Address: LARGO, FL 33774 US City-St-Zip: City-St-Zip: LARGO, FL 33774 US Title: () Delete Title: () Change () Addition STETIC, FRANK Name: Name: 4581 55TH AVENUE N Address: Address: City-St-Zip: ST. PETERSBURG, FL 33714 US City-St-Zip: Title: () Delete Title: () Change () Addition OBRADOVIC, MANDA Name: Name: Address: 13842 ANTIGUA DR. Address: City-St-Zip: City-St-Zip: SEMINOLE, FL 33776 US Title: Title: () Delete () Change (X) Addition CRKVENCIC, ZVONKO Name: Name: Address: 2205 BAYSHORE DR. Address: City-St-Zip: City-St-Zip: BELLEAIR BEACH, FL 33786

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOVRO VRBOS T 04/17/2009