2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000009468

Entity Name: CENTRA WORLDWIDE OF FLORIDA, INC.

FILED Apr 13, 2005 Secretary of State

Current Principal Place of Business:				New Princi	New Principal Place of Business:		
815 S MAIN 6TH FLOO JACKSON		07 US		ATTN: LOR	I STREET, 6TH FL I EISCHEN /ILLE, FL 32207	OOR US	
Current Mailing Address:				New Mailin	New Mailing Address:		
815 S MAIN 6TH FLOO JACKSON		07 US		ATTN: LOR	I ST, 6TH FLOOR I EISCHEN /ILLE, FL 32207	US	
FEI Number:	59-3160970	FEI Number Applie	d For () Fi	El Number Not Appli	cable () Cert	ificate of Status Desired ()	
Name and	Address of C	urrent Registere	d Agent:	Name and	Address of New F	Registered Agent:	
	N STREET R VILLE, FL 3220 named entity s		ent for the purpo	ose of changing its	s registered office	or registered agent, or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent					Date		
Election Can	npaign Financing	Trust Fund Contribu	ıtion ().				
OFFICERS AND DIRECTORS:				ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEOD () VAUGHN, BARR 815 S. MAIN STI JACKSONVILLE	REET		Title: Name: Address: City-St-Zip:	()Chan	ge () Addition	
Title: Name: Address: City-St-Zip:	SD () STRICKLAND, B 815 S. MAIN STI JACKSONVILLE	REET		Title: Name: Address: City-St-Zip:	()Chan	ge () Addition	
Title: Name: Address: City-St-Zip:	MACKER, BRET 14801 ABLE LAI			Title: Name: Address: City-St-Zip:	()Chan	ge ()Addition	
Title: Name: Address: City-St-Zip:	CFOD () BARNETT, JAME 815 S. MAIN STI JACKSONVILLE	ES G REET		Title: Name: Address: City-St-Zip:	()Chan	ge () Addition	
Title: Name: Address: City-St-Zip:	SALAZAR, STEF 14801 ABLE LAI			Title: Name: Address: City-St-Zip:	C/D (X) Char SUDDATH, STEPHEN 815 S MAIN STREET JACKSONVILLE, FL		
Title: Name: Address: City-St-Zip:	C,D (X) SUDDATH, STEI 815 S. MAIN STI JACKSONVILLE	REET		Title: Name: Address: City-St-Zip:	()Chan	ge () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES G. BARNETT CFOD 04/13/2005