


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000019352

1. Entity Name
CENTERGY, INC.



Principal Place of Business Mailing Address

**1155 HILLSBORO MILE A1A
 SUITE 602
 HILLSBORO BEACH, FL 33062-1744 US**

**1155 HILLSBORO MILE A1A
 SUITE 602
 HILLSBORO BEACH, FL 33062-1744 US**



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0418459

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEIBOWITZ, PATRICIA
 1155 HILLSBORO MILE SUITE 602
 SUITE 602
 HILLSBORO BEACH, FL 33062**

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: *Patricia Leibowitz* Patricia Leibowitz, Sec/Treas. 4/19/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEIBOWITZ, MARTIN N
STREET ADDRESS	1155 HILLSBORO MILE A1A SUITE 602
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062
TITLE	STD
NAME	LEIBOWITZ, PATRICIA
STREET ADDRESS	1155 HILLSBORO MILE SUITE 602
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

04/25/05-80005-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Patricia Leibowitz* Patricia Leibowitz 4/19/05 954-480-6485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #