

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000080278

FILED
Feb 10, 2007
Secretary of State

Entity Name: CENTRECORP MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

ONE NORTH CLEMATIS STREET
SUITE 305
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

ONE NORTH CLEMATIS STREET
SUITE 305
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-0543896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

W.S. PRESTON, JOHN
ONE NORTH CLEMATIS STREET
SUITE 305
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Title: DV () Delete
Name: PRESTON, JOHN W. S
Address: ONE NORTH CLEMATIS STREET #305
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DV () Delete
Name: GREEN, ROBERT S
Address: 2851 JOHN ST SUITE 1
City-St-Zip: MRAKHAM, ONTARIO, CN L3R5R7

Title: V () Delete
Name: HAMILTON, TOM
Address: ONE NORTH CLEMATIS STREET #305
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DP () Delete
Name: KOSOY, DAVID
Address: ONE NORTH CLEMATIS STREET #305
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DV () Delete
Name: KOSOY, BRIAN D
Address: ONE NORTH CLEMATIS STREET#305
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ST (X) Delete
Name: COSTELLO, VINCENT J
Address: ONE NORTH CLEMATIS STREET #305
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VST (X) Change () Addition
Name: HAMILTON, TOM
Address: ONE NORTH CLEMATIS STREET #305
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID KOSOY

DP

02/10/2007

Electronic Signature of Signing Officer or Director

Date