

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000080278

FILED
Apr 29, 2008
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:

4650 DONALD ROSS ROAD
SUITE 200
PALM BEACH GARDENS, FL 33418 US

Current Mailing Address:

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

New Mailing Address:

4650 DONALD ROSS ROAD
SUITE 200
PALM BEACH GARDENS, FL 33418 US

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:

PRESTON, JOHN W.S.
4650 DONALD ROSS ROAD
SUITE 200
PALM BEACH GARDENS, FL 33418 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: JOHN W.S. PRESTON

04/29/2008

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: PRESTON, JOHN W.S.
Address: 4650 DONALD ROSS ROAD STE 200
City-St-Zip: PALM BEACH GARDENS, FL 33418

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

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 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: JOHN W.S. PRESTON

DV

04/29/2008

Electronic Signature of Signing Officer or Director

Date