


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90082 008 ***150.00

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1. Entity Name
CENTRAL MINERALS CORPORATION



Principal Place of Business
**290 PARADISE BLVD.
 NO. 36
 INDIALANTIC, FL 32903**

Mailing Address
**290 PARADISE BLVD.
 NO. 36
 INDIALANTIC, FL 32903**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3326841

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HOFMANN, ERNST G
 290 PARADISE BLVD.
 NO. 36
 INDIALANTIC, FL 32903**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HOFMANN, ERNST G 290 PARADISE BLVD., NO. 36 INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOONG, TONY R 190 WINDING MEADOW WAY MONUMENT, CO 80132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOFMANN, JUDITH D 290 PARADISE BOULEVARD #36 INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ernst G. Hofmann President 4/9/06 321-777-9462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #