
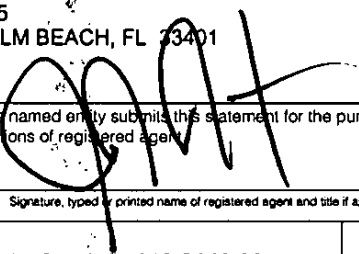
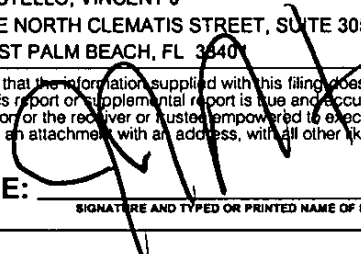


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90012 039 ***150.00

DOCUMENT # P95000050510 1. Entity Name CENTRECORP REALTY SERVICES, INC.					
Principal Place of Business ONE NORTH CLEMATIS STREET SUITE 305 WEST PALM BEACH, FL 33401			Mailing Address ONE NORTH CLEMATIS STREET SUITE 305 WEST PALM BEACH, FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02162006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-0759197				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WIENER, DAVID J. ONE NORTH CLEMATIS STREET SUITE 305 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name John W.S. Preston Street Address (P.O. Box Number is Not Acceptable) One N. Clematis Street Suite 305 City West Palm Beach FL Zip Code 33401		
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE 2-21-06		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PRESTON, JOHN W.S. ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GREEN, ROBERT S 2851 JOHN STREET, SUITE ONE MARKHAM ONTARIO, CA L3R5R7	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOSOY, DAVID ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMILTON, TOM ONE NORTH CLEMATIS ST, STE 305 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KOSOY, BRIAN ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COSTELLO, VINCENT J ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2-21-06 Daytime Phone # 561-835-1810		

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