2008 FOR PROFIT CORPORATION

Apr 28, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P96000019106** 04-28-2008 90385 047 ***150.00 1. Entity Name CENTURY CAPITAL MANAGEMENT INC. Principal Place of Business Mailing Address dnana 209 46TH AVENUE 209 46TH AVENUE SAINT PETERSBURG BEACH, FL 33706 SAINT PETERSBURG BEACH, FL 33706 poly addres 2. Principal Place of Business - No P.O. Box # 662 F Suire, Apt. #, etc. Suite Apt. #, etc. CR2E034 (12/06) 04242008 Chg-P 4. FEI Number Applied For City & State 59-3366604 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Palm 6. Name and Address 7. Name and Address of New Registered Agent BERK, RICHARD C Street Address (P.O. Box Number is Not Acceptable) 209 46TH AVENUE SANT PETERSBURG BEACH, FL 33706 City Zip Code FL 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 lamillar with, and accept the obligations of registered agent. Kichard SIGNATURE. ANTE: Bagisteens \$5.00 May Be 8. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 MIF ☐ Delete TILE Change ☐ Addition HAME BERK, RICHARD NAME SAIN PETERSBURG BEACH, FL 33706 200 46TH AVENUE STREET ADDRESS. STREET AFFINESS CATY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP THIF ■ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CFTY-aT-ZIP CTTY-ST-ZIP

12. Thereby 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

SIGNATURE

MATURE AND TYPED OR PRINTED NAME OF SIGN

FILED