


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90012 009 ***150.00

DOCUMENT # P97000002929 1. Entity Name CENTER INVESTORS, INC.					
Principal Place of Business 505 SOUTH FLAGLER DRIVE, SUITE 1325 WEST PALM BEACH, FL 33401			Mailing Address 505 SOUTH FLAGLER DRIVE, SUITE 1325 WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0718972	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALEXANDER, LARRY B 505 SOUTH FLAGLER DRIVE, SUITE 1325 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DVS PORCHER, HANK T 505 SOUTH FLAGLER DRIVE, SUITE 1325 WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS Porcher, Hank T 233 Bluecreek Drive Wintersprings, FL 32708-5504	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HANNA, PAUL B 505 SOUTH FLAGLER DRIVE, SUITE 1325 WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Sellari, Gary 420 Columbia Drive, Suite 110 West Palm Beach, FL 33409	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SELLARI, GARY 560 VILLAGE BLVD., SUITE 335 WEST PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Sellari, Gary 420 Columbia Drive, Suite 110 West Palm Beach, FL 33409	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SELLARI, GARY 560 VILLAGE BLVD., SUITE 335 WEST PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Sellari, Gary 420 Columbia Drive, Suite 110 West Palm Beach, FL 33409	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SELLARI, GARY 560 VILLAGE BLVD., SUITE 335 WEST PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Sellari, Gary 420 Columbia Drive, Suite 110 West Palm Beach, FL 33409	
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 an other like empowered.					
SIGNATURE: _____ Paul B Hanna 2/22/07 561-655-5337					