


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000103542</b>	
<b>1. Entity Name</b> CENTURUM TECHNICAL SOLUTIONS, INC.	

<b>Principal Place of Business</b> 12000 LINCOLN DRIVE WEST SUITE 107 MARLTON, NJ 08053	<b>Mailing Address</b> 12000 LINCOLN DRIVE WEST SUITE 107 MARLTON, NJ 08053
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**DO NOT WRITE IN THIS SPACE**



05162005 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 65-0798192	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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.**

<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b>
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b>	PD
<b>NAME</b>	MATTEUCCI, ROBERT M
<b>STREET ADDRESS</b>	308 TEQUESTA DR. #27
<b>CITY-ST-ZIP</b>	TEQUESTA, FL 33429
<b>TITLE</b>	D
<b>NAME</b>	STUMP, JERRY D
<b>STREET ADDRESS</b>	12000 LINCOLN DR. W. #107
<b>CITY-ST-ZIP</b>	MARLTON, NJ 08053
<b>TITLE</b>	VPS
<b>NAME</b>	HUGHES, JEFFREY S
<b>STREET ADDRESS</b>	12000 LINCOLN DR. W.#107
<b>CITY-ST-ZIP</b>	MARLTON, NJ 08053
<b>TITLE</b>	AS
<b>NAME</b>	INVERSO, LOUISE M
<b>STREET ADDRESS</b>	12000 LINCOLN DR. W.#107
<b>CITY-ST-ZIP</b>	MARLTON, NJ 08053
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.**

<b>SIGNATURE:</b> 	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	<b>VP Finance</b>
	<b>5-23-05</b>	<b>886-751-1111</b>
	<small>Date</small>	<small>Daytime Phone #</small>