2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000035808

1. Entity Name
CENTRAL FLORIDA TALENT, INC.

14017386

Principal Place of Business	Mailing Address
2601 WELLS AVE. FERN PARK, FL 32730	2601 WELLS AVE. FERN PARK, FL 32730

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip - Country	Zip Country

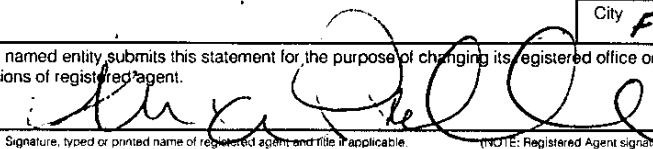04252005   Chg-P   CR2E034 (10/03)

4. FEI Number **59-3508241**   □ Applied For   □ Not Applicable

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

6. Name and Address of Current Registered Agent

PEMBERTON, MARYA
2601 WELLS AVE.
FERN PARK, FL 32730

7. Name and Address of New Registered Agent

Name *ARIANNE PEMBERTON*
Street Address (P.O. Box Number is Not Acceptable)
2601 WELLS AVE
City *FERN PARK*   FL   Zip Code *32730*

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 _____   *4/25/05*
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD	☒ Delete	TITLE	□ Change ☒ Addition
NAME	PEMBERTON, MARYA		NAME	*PSTD ARIANNE PEMBERTON*
STREET ADDRESS	2601 WELLS AVE.		STREET ADDRESS	*2601 WELLS AVE*
CITY-ST-ZIP	FERN PARK, FL 32730		CITY-ST-ZIP	*FERN PARK, FL 32730*
TITLE		□ Delete	TITLE	□ Change □ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		□ Delete	TITLE	□ Change □ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		□ Delete	TITLE	□ Change □ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		□ Delete	TITLE	□ Change □ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		□ Delete	TITLE	□ Change □ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   *4/25/05*   *407 830 7510*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #