


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90034 006 ***158.75

DOCUMENT # P98000035808					
1. Entity Name CENTRAL FLORIDA TALENT, INC.					
Principal Place of Business 2601 WELLS AVE. FERN PARK, FL 32730		Mailing Address 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		01302006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number 59-3508241	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEMBERTON, ARIANNE 2601 WELLS AVE FERN PARK, FL 32730			Name <u>Jacqueline Hazen</u> Street Address (P.O. Box Number is Not Acceptable) <u>2601 Wells Ave</u> <u>Fern Park FL 32730</u>		
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 <u>Jacqueline Hazen</u>		SIGNATURE <u>Jacqueline Hazen</u>		DATE <u>1/31/06</u>	
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	PSTD PEMBERTON, ARIANNE 2601 WELLS AVE FERN PARK, FL 32730	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Hazen, Jacqueline 2601 Wells Ave. Suite 181 Fern Park, Florida 32730	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Jacqueline Hazen</u>		SIGNATURE: <u>Jacqueline Hazen</u>		DATE: <u>1/31/06</u> Daytime Phone #: <u>407-830-9226</u>	