


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000054783 1. Entity Name CONSTANTINE CENTER MANAGEMENT CORPORATION	
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Principal Place of Business 111 N. BELCHER RD., STE. 103 CLEARWATER, FL 33765 US	Mailing Address 111 N. BELCHER RD., STE. 103 CLEARWATER, FL 33765 US
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04062008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3545766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BAKKALAPULO, LOUIS P.A. 111 N. BELCHER RD., STE. 103 CLEARWATER, FL 33765	DO NOT WRITE IN THIS SPACE
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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.

SIGNATURE _____
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000887618 04/21/08-800273415-150700
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKKALAPULO, LOUIS 111 N. BELCHER RD., STE. 103 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BAKKALAPULO, LOUIS 111 N. BELCHER RD., STE. 103 CLEARWATER, FL 33765
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**DO NOT WRITE
IN THIS SPACE**

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] **LOUIS BAKKALAPULO President** 4/5/08 707-726-6273