


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR 23 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000063021					
1. Entity Name CENTENNIAL HEALTH PRODUCTS, INC.					
Principal Place of Business 7040 W. PALMETTO PARK RD. #4-303 BOCA RATON, FL 33433			Mailing Address 7040 W. PALMETTO PARK RD. #4-303 BOCA RATON, FL 33433		
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 65-0878975	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WESTIN, TODD B 3200 N MILITARY TR #200 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name: <i>Todd B. Weprin</i> Street Address (P.O. Box Number is Not Acceptable) BARBIERI & WEPRIN, PLC 7000 West Palmetto Road, Suite 300 City: Boca Raton, Florida 33433 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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>4/17/07</i>					
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	P WEINSTEIN, ERIC 6812 GIRALDA CIR. BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>[Signature]</i> ERIC WEINSTEIN			Date: <i>4/17/07</i> Daytime Phone #: <i>561 487-5000</i>		