2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000096877

FILED Jan 15, 2009 Secretary of State

Entity Name:	CENTEN	NIAL ATLANTA, INC.					
Current Princ	of Business:	New Princi	New Principal Place of Business:				
3700 AIRPOR' SUITE 401 BOCA RATON		1					
Current Maili	ng Addres	ss:	New Mailin	New Mailing Address:			
2101 W COMN FORT LAUDE		BLVD STE 2800 _ 33309					
FEI Number: 65-	0960427	FEI Number Applied For ()	FEI Number Not Applic	cable ()	Certificate of Status Desired	()	
Name and Ad	Current Registered Agent:	Name and A	Name and Address of New Registered Agent:				
FORMAN, RO 2101 WEST C SUITE 2800 FT LAUDERD.	OMMERC	IAL BOULEVARD					
The above nar in the State of		submits this statement for the	purpose of changing its	s registered	l office or registered agent, c	r both,	
SIGNATURE:							
	Electror	nic Signature of Registered Ag	ent		Date		
Election Campai	gn Financin	g Trust Fund Contribution ().					
OFFICERS AI	TORS:	ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Address: 21	IIMM, KENNI 01 W COMN	Delete ETH L BERCIAL BLVD, SUITE 2800	Name: Address:	SHIMM, KEN	RT ROAD, SUITE 401		

City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: BOCA RATON, FL 33431

() Delete (X) Change () Addition SHIMM, STACEY SHIMM, STACEY Name: Name:

Address: 2101 W COMMERCIAL BLVD, SUITE 2800 Address: 3700 AIRPORT ROAD, SUITE 401 FORT LAUDERDALE, FL 33309 BOCA RATON, FL 33431 City-St-Zip: City-St-Zip:

Title: Title: () Delete (X) Change () Addition

Name: SHIMM, KENNETH L Name: SHIMM, KENNETH L

2101 W. COMMERCIAL BLVD #4100 Address: Address: 3700 AIRPORT ROAD, SUITE 401 City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT S. FORMAN 01/15/2009 MR.