

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90026 021 \*\*\*150.00

<b>DOCUMENT # V55087</b> 1. Entity Name CENTURY MANAGEMENT CONSULTANTS, INC.			
Principal Place of Business 2994 JOG RD B GREENACRES, FL 33467 US		Mailing Address 2994 JOG RD B GREENACRES, FL 33467 US	
2. Principal Place of Business - No P.O. Box # 2950 Jog Road Suite, Apt. #, etc.		3. Mailing Address 2950 Jog Road Suite, Apt. #, etc.	
City & State Greenacres FL Zip 33467 Country USA		City & State Greenacres FL Zip 33467 Country USA	
4. FEI Number 65-0351441		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  GERRISH, SCOT A %CENTURY MANAGEMENT CONSULTANTS, INC. 2994 JOG ROAD, SUITE B WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name: Gerrish Scot A Street Address (P.O. Box Number is Not Acceptable): Century Management Consultants, Inc 2950 Jog Road City: Greenacres FL Zip Code: 33467	
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: Feb 7, 2007			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE: PDT NAME: GERRISH, SCOT A STREET ADDRESS: 2994 JOG RD, ST-B CITY-ST-ZIP: GREENACRES, FL 33467	<input type="checkbox"/> Delete	TITLE: PDT NAME: Gerrish, Scot STREET ADDRESS: 2950 Jog Road CITY-ST-ZIP: Greenacres FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: GERRISH, SCOT A STREET ADDRESS: 2994 JOG RD, ST-B CITY-ST-ZIP: GREENACRES, FL 33467	<input type="checkbox"/> Delete	TITLE: VPD NAME: Gerrish, Scot STREET ADDRESS: 2950 Jog Road CITY-ST-ZIP: Greenacres, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPDS NAME: GERRISH, VICKI STREET ADDRESS: 2994 JOG RD, ST-B CITY-ST-ZIP: GREENACRES, FL 33467	<input type="checkbox"/> Delete	TITLE: VPDS NAME: Gerrish, Vicki STREET ADDRESS: 2950 Jog Road CITY-ST-ZIP: Greenacres, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: GERRISH, VICKI STREET ADDRESS: 2994 JOG RD, ST-B CITY-ST-ZIP: GREENACRES, FL 33467	<input type="checkbox"/> Delete	TITLE: TD NAME: Gerrish, Vicki STREET ADDRESS: 2950 Jog Road CITY-ST-ZIP: Greenacres, FL 33467	<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
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 another like empowered.			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: President 2-7-07 561-641-1016 Daytime Phone #	