2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2005 8:00 am Secretary of State 03-03-2005 90182 041 ****70.00

1. Entity Nam	MENT # F97000000		. (03-03-2005	90182 04	ł1 ****70.	00
300 22ND S	ee of Business TREET , IL 60523-8842	Mailing Address 300 22ND STREET OAK BROOK, IL 60523	3-8842			.	111 6 1 111 11 1 111 111	5002	
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt, #, etc.			02162005	Chg-NP	CR2E0	37 (10/03)	•
City & State		City & State			4. FEI Number 23-7030	455		<u> </u>	oplied For
Zip	. Country	Zip	Coun	ntry	5. Certificate of	f Status Desired	×	\$8.75 Add Fee Require	
	Name and Address of Current	Registered Agent			7. Name and A	ddress of New F	Registered .	Agent	
COBBOB	ATE OBEATIONS NETWORK	INIC		Name					
CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD, #221E PALM BEACH GARDENS, FL 33410			-	Street Address (P.O. Box Number is Not Acceptable)					
			-	City			FL	Zip Code	9
	named entity submits this statement for	_ 						<u>- </u>	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	F: Registered	Agent signature require	ud when reinstation)		DATE		
				- Gent agriculture require	o when remainly				
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Carr Trust Fund C	npaign Fin	nancing	\$5.00 May Be Added to Fees		lake chec	k payable to	
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund C	npaign Fin	nancing	\$5.00 May Be	Floi	lake chec Ida Depar	tment of St	tate
10. TITLE	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Cam Trust Fund C	npaign Fin	nancing on.	\$5.00 May Be Added to Fees ADDITIONS/CHAR ECUTIVE AG	NGES TO OFFICE	lake checi Ida Depai	tment of St	tate
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2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: LCIF Chairperson 2-23-2005 630-571-5466

SIGNATURE AND APPED ONC ATTENTIAME OF SIGNANG OFFICER OR DIRECTOR Date Date Date Despire Prome *