

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # H08108
 1. Entity Name
CREATIVE ENDS, INC.



Principal Place of Business Mailing Address
3586 ALOMA AVENUE SUITE 4 WINTER PARK FL 32792 US
3586 ALOMA AVE STE 4 WINTER PARK FL 32792 US

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **59-2416169** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**KUPERMAN, SHIRLEY
 986 SEQUOIA CT
 WINTER SPGS FL 32708**

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees.

10. OFFICERS AND DIRECTORS Delete

TITLE NAME Delete
PTD KUPERMAN, SHIRLEY
 STREET ADDRESS **986 SEQUOIA COURT**
 CITY - ST - ZIP **WINTER SPRINGS FL**

TITLE NAME Delete
VS KUPERMAN, MURRAY
 STREET ADDRESS **986 SEQUOIA COURT**
 CITY - ST - ZIP **WINTER SPRINGS FL**

TITLE NAME Delete
 STREET ADDRESS
 CITY - ST - ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY - ST - ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY - ST - ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition

TITLE NAME Change Addition
 STREET ADDRESS
 CITY - ST - ZIP
U00000049263
02/13/04-80017-010 150.00

12. 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 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:  **MURRAY KUPERMAN** 2/10/2004 407-657-7118