2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2006 08:00 AM DOJUMENT # H08108 **Secretary of State** CREATIVE ENDS, INC. Principal Place of Business Mailing Address 3586 ALOMA AVE 3586 ALOMA AVENUE SUITE 4 WINTER PARK, FL 32792 WINTER PARK, FL 32792 02202006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2416169 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KUPERMAN, SHIRLEY DO NOT WRITE 986 SEQUOIA CT WINTER SPGS, FL 32708 IN THIS SPACE 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 FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME KUPERMAN, SHIRLEY STREET ADDRESS 986 SEQUOIA COURT JUU000447045 CITY-ST-ZIP WINTER SPRINGS, FL 03/08/06-80036-021 150.00 TITLE KUPERMAN, MURRAY NAME STREET AUDRESS 986 SEQUOIA COURT CITY-ST-ZIP WINTER SPRINGS, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME

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.

STREET ACCRESS CITY-ST-ZIP MILE MAKE STREET ADDRESS City-St-Zip TITLE NAME STREET ACCORESS CITY-ST-ZIP

21/166

407-657-6113