


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # K89160
 1. Entity Name
CREATIVE MARKETING PRODUCTS, INC.



Principal Place of Business Mailing Address
3460 FAIRLANE FARMS RD. **3460 FAIRLANE FARMS RD.**
SUITE 13 **SUITE 13**
WEST PALM BEACH, FL 33414 US **WEST PALM BEACH, FL 33414 US**



01092006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0126139 Not Applicable

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

6. Name and Address of Current Registered Agent
BOWEN, DARELL
3460 FAIRLANE FARMS RD. SUITE 13
WELLINGTON, FL 33414

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

U00000429594
 02/22/06-80014-013 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BOWEN, DARELL 12669 HEADWATER WAY WELLINGTON, FL 33414 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD BOWEN, SHERRY 12669 HEADWATER WAY WELLINGTON, FL 33414 |
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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 all other like empowered

SIGNATURE: _____ **1/10/06** **561-798-2424**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #