

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90009 008 \*\*\*150.00

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01152007 Chg-P CR2E034 (12/06)

4. FEI Number 22-3877820 Applied For Not Applicable

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

DOCUMENT # P02000109134  
 1. Entity Name  
 CREATIVE LAND CONCEPTS, INC.



Principal Place of Business Mailing Address  
 701 BRICKELL AVENUE 701 BRICKELL AVENUE  
 SUITE 3000 SUITE 3000  
 MIAMI, FL 33131 MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 14905 Pineapple Lane 6508 East Fowler Ave  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Tampa FL Tampa FL 33617  
 Zip Country Zip Country  
 33626 33617

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION  
 701 BRICKELL AVENUE  
 SUITE 3000  
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Ronald Albertia Broad and Cassel  
 Street Address (P.O. Box Number is Not Acceptable)  
 One Biscayne Tower, 21st Floor  
 2 South Biscayne Blvd  
 City Miami FL Zip Code 33131

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)

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TURANCHIK, EDWIN J	
STREET ADDRESS	2111 N. ALBANY AVE.	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BISHOP, WILLIAM L	
STREET ADDRESS	2111 N. ALBANY AVE.	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	S	<input type="checkbox"/> Delete
NAME	CADDICK, TERESA	
STREET ADDRESS	2111 N. ALBANY AVE.	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bishop William	
STREET ADDRESS	14905 Pineapple Lane	
CITY-ST-ZIP	Tampa, FL 33626	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: WILLIAM L. BISHOP  
 MANAGING DIRECTOR & VICE PRESIDENT  
Signature and typed or printed name of signing officer or director Date Daytime Phone #