

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064263

FILED
May 01, 2006
Secretary of State

Entity Name: CREATIVE MINDS ENTERPRISES, INC.

Current Principal Place of Business:

319 E CHURCH STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

1236 S. MC DUFF AVENUE
JACKSONVILLE, FL 32205

Current Mailing Address:

P O BOX 37326
JACKSONVILLE, FL 32236

New Mailing Address:

FEI Number: 20-0034326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, VICKIE K
PO BOX 60903
JACKSONVILLE, FL 32236 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NURSE, MARCIA
Address: 319 E CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP () Delete
Name: NURSE, CHRISTOPHER J
Address: 319 E CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NURSE, MARCIA
Address: 10973 RIVER FALLS DRIVE
City-St-Zip: JACKSONVILLE, FL 32219

Title: VP (X) Change () Addition
Name: NURSE, CHRISTOPHER J
Address: 10973 RIVER FALLS DRIVE
City-St-Zip: JACKSONVILLE, FL 32219

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA NURSE

P

05/01/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date